

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Lipra Santra Age 40y Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. B. Ghosh Ward FMW No. of bed/cabin 1104

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date

13/8/18

Signature

[Signature]

Report