

West Bengal Form No. 815

Plate No. 9007
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name R. Khanam Age 9 months Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Ct Scan of

Brain

Particular point to be investigated

Instructions

Date

13/8

Signature

Report