

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Do 1/1 Mr Khenjoe Age 7e Sex M

Address _____

Physician / Surgeon B. G Ward Mum No. of bed/cabin 2156

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CI scan (Brain)

Particular point to be investigated

Instructions

Date

Signature



Report