

Register No.

# DISTRICT HOSPITAL HOWRAH

184363

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ranjit Kumar Age 43y Sex m

Address \_\_\_\_\_

Physician / Surgeon Dr. S. K. C. Ward m/w No. of bed/cabin 78

Paying / Non-Paying

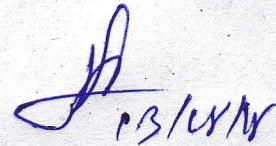
Brief history of case

CT-Scan Brain

Clinical Diagnosis

Particular point to be investigated

Instructions



Date

Signature

Report