

West Bengal Form No. 815

Plate No.
Register No. 181133

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bela Kanwar Age 65y Sex F

Address _____

Physician / Surgeon S Pal Ward RMW No. of bed/cabin X20

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Abdomen

2

Particular point to be investigated

Instructions

Date 8/8/18

Signature

[Signature]

Report