

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MD. PARUK. Age 53y Sex M

Address _____

Physician / Surgeon Dr. S.K.C Ward new No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

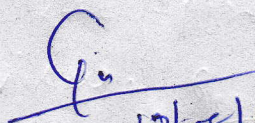
Clinical Diagnosis

CT Scan Brain.

Particular point to be investigated

Instructions

Date


Signature 13/08/18

Report