

West Bengal Form No. 815

Plate No.

Register No.

189313

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sangita Khan Age 28y Sex F

Address _____

Physician / Surgeon Dr. B. Goswami Ward EMW No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date

13/8/18

Signature



Report