West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

436

Report / Treatment is required of

Name S. Mallick Age 9 Sex F

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C.T Scan of Brain

Particular point to be investigated

Instructions

Date Signature

Report 14/8/18