

West Bengal Form No. 815

Plate No.
Register No. 19002

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sundaresan Das Age 82 Sex M

Address _____

Physician / Surgeon D. D Ward MM No. of bed/cabin 3

Paying / Non-Paying _____
Brief history of case CT scan (Brain)
Clinical Diagnosis _____

Particular point to be investigated _____

Instructions _____

Date _____ Signature [Signature]
Report _____