

West Bengal Form No. 815

Plate No.  
Register No.

190471

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Karban Khan. Age 9 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. S.M. Ward PSW No. of bed/cabin Chc

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT - Brain

Particular point to be investigated

Instructions

Date

14/8/18.

Signature

[Signature]

Report