

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

190628

Report / Treatment is required of

Name Shital C. Chandra. Jui Age 75 Sex M

Address _____

Physician / Surgeon Dr S. D Ward Mm No. of bed/cabin 136

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date 15/07/86


Signature

Report