

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

190634

Report / Treatment is required of

Name Sonu Gupta Age 27 Sex M

Address _____

Physician / Surgeon A. J. N. M. Ward M32 No. of bed/cabin 222

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan - Brain

Particular point to be investigated

Instructions

Date


Signature [Signature]

Report