

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

190694

Report / Treatment is required of

Name SK. WAKIL Age 47 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr S.D Ward MMW No. of bed/cabin 442

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Abdomen.

Particular point to be investigated

Instructions

Date 16/01/16

  
Signature

Report