

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

833

Report / Treatment is required of

Name Darozathi Basu Age 77 Sex M

Address _____

Physician / Surgeon Moja Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Done

Particular point to be investigated

Instructions 16/8

Date

Signature

Report