

West Bengal Form No. 815

Plate No.  
Register No. 191218

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Biswajit Manna Age 28 Sex M

Address \_\_\_\_\_

Physician / Surgeon S. B. Ward W.M. No. of bed/cabin 27

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ET scan (Brain)

Particular point to be investigated

Instructions

Date

Signature



Report