

West Bengal Form No. 815

Plate No.  
Register No. 191333

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Nand Kishor Shem Age 32 Sex M

Address \_\_\_\_\_

Physician / Surgeon S. B Ward MMW No. of bed/cabin 71

Paying / Non-Paying \_\_\_\_\_  
Brief history of case ET scan (Brain)

Clinical Diagnosis \_\_\_\_\_

Particular point to be investigated \_\_\_\_\_

Instructions \_\_\_\_\_

Date \_\_\_\_\_

Signature [Signature]

Report \_\_\_\_\_