

West Bengal Form No. 815

Plate No.  
Register No. 192 070

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Razia Sultana Age 40 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. S. Pal Ward FMW No. of bed/cabin X17.

Paying / Non-Paying \_\_\_\_\_

Brief history of case \_\_\_\_\_

Clinical Diagnosis CT brain

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

Instructions \_\_\_\_\_

Date 17/2/11

Signature [Signature]  
17/2/11

Report