

West Bengal Form No. 815

X17

Plate No.
Register No.

19172

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Basant Das Age 50y Sex m

Address _____

Physician / Surgeon [Signature] Ward [Signature] No. of bed/cabin 17

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

18

Particular point to be investigated

Instructions

Date

16/08/18

Signature

Report