

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

120684

Report / Treatment is required of

Name Samima Khatun Age 84 Sex F

Address _____

Physician / Surgeon Dr. S. Banerjee Ward Children No. of bed/Cabin 10A

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

CT scan Brain (Plan)

Instructions

Date

12/10/14

Signature

[Handwritten Signature]

Report