

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ashome dey Age 79 Sex M

Address _____

Physician / Surgeon S. K. Ghosh Ward Amw No. of bed/cabin 693

Paying / Non-Paying
Brief history of case
Clinical Diagnosis

CT - Abdomen

Particular point to be investigated

Instructions
Date 17/08/18

[Signature]
Signature

Report