

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name H. L. Yadav Age 48 Sex M

Address _____

Physician / Surgeon Mehra Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date

12/8

Signature

[Signature]

Report