West Bengal Form No. 815

Plate No.
Register No. Neo

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sailendra Pan Age 21 Sex M

Address

No. of bed/cabin

Physician / Surgeon Neopr Ward

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan Brain

Particular point to be investigated

Instructions 7/8

Signature

Date

Report