

West Bengal Form No. 815

Plate No.  
Register No.

774

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name S. Hayera Age 26 Sex M

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan of  
Brain

Particular point to be investigated

Instructions

Date

17/8

Signature

[Signature]

Report