

West Bengal Form No. 815

Plate No.
Register No. 193042

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sominen Ghoshal Age 57 Sex Ms.

Address S. P. 1

Physician / Surgeon S. P. 1 Ward W.M. No. of bed/cabin 201

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ET scan (Brain)

Particular point to be investigated

Instructions

Date

Signature

Report