

West Bengal Form No. 815

Plate No.
Register No. 193 056

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Jharna Barik Age 37 Sex F

Address _____

Physician / Surgeon Dr. S. Pal Ward FMW No. of bed/cabin x19

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan of brain

Particular point to be investigated

Instructions

Date 17/2/14

Signature [Signature]

Report

17/2/14