

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

519

Report / Treatment is required of

Name S. Chakrabarti Age 43 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CIT Scan During

Particular point to be investigated

Instructions



Date

Signature

Report