

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

287

Report / Treatment is required of

Name Dipanku Chatterjee Age 19 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions 10/8

Date

Signature [Signature]

Report