

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name S. Nancy Age 36 Sex F 128

Address _____

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

Paying / Non-Paying _____

Brief history of case _____

Clinical Diagnosis C.T Scan Brain

Particular point to be investigated _____

Instructions _____

Date _____

Signature [Signature]

Report _____