

West Bengal Form No. 815

Plate No.  
Register No.

193635

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sarna Khatoon Age 57 Sex F

Address \_\_\_\_\_

Physician / Surgeon D. S. K. Ward AW No. of bed/cabin CM10

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*CT Scan Brain.*

Particular point to be investigated

Instructions

Date

Signature

Report