

West Bengal Form No. 815

Plate No.
Register No.

189209

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sri Kuman Munder Age 68 Sex M

Address _____

Physician / Surgeon B-G Ward M No. of bed/cabin 29

Paying / Non-Paying LI Scan (Brain)

Brief history of case
Clinical Diagnosis

Particular point to be investigated

Instructions

Date _____ Signature [Signature]

Report