

West Bengal Form No. 815

Plate No.
Register No. 195657

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Md Sahil Qureshi Age 14 Sex M

Address _____

Physician / Surgeon Dr. S.K.C. Ward M&D No. of bed/cabin X16

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCCT- Brain

Particular point to be investigated

Instructions

Date 20/8/18

Signature [Signature]

Report