

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

196839

Report / Treatment is required of

Name Gambhu Nath Bera Age 78 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr S. D. Ward mmu No. of bed/cabin 137

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Brain

Particular point to be investigated

Instructions

Date

22/8/18

Signature

Report