

West Bengal Form No. 815

Plate No.
Register No.

19734

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Munni Begam Age BT Sex R

Address _____

Physician / Surgeon S. K. Ghosh Ward Room No. of bed/cabin 12

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CT Scan

Particular point to be investigated

Instructions

Date 23/08/12

Signature 

Report