

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bisla Rajh Age 68 Sex M

Address _____

Physician / Surgeon Neof Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions *22/8*

Date

Signature *[Signature]*

Report