

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

318

Report / Treatment is required of

Name James Debnath Age 35 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Report

Particular point to be investigated

Instructions 27/8

Date

Signature

Report