

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

196837

Report / Treatment is required of

Name Rexha Bedi Age 70 Sex F

Address _____

Physician / Surgeon Dr G.D. Ward EMW No. of bed/cabin 7

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date 22/01/18

Signature 

Report