

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

1979343

Report / Treatment is required of

Name Dr Alamgir Age 55 Sex M

Address _____

Physician / Surgeon AB Ward mmw No. of bed/cabin 12

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

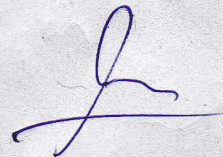
Particular point to be investigated

Instructions

Date

23/8/88

Signature



Report