

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

197938

Report / Treatment is required of

Name Sudhendu Mondal Age 37 Sex m

Address _____

Physician / Surgeon [Signature] Ward mmw No. of bed/cabin 102

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

CT Brain

Instructions

Date

22/10/17

Signature

[Signature]

Report