

West Bengal Form No. 815

Plate No.  
Register No. 174412

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Krisna Baner Age 40y Sex F

Address \_\_\_\_\_ Ward PMW No. of bed/cabin X22

Physician / Surgeon \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis

Particular point to be investigated

Instructions CT scan brain

Date 28/7/15

Signature \_\_\_\_\_

Report