

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

174422

Report / Treatment is required of

Name Rajesh Das Age 38y Sex m

Address _____

Physician / Surgeon Dr. A Ward M.M.W No. of bed/cabin 1089

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Abdomen

Particular point to be investigated

Instructions

Date

29/7/8

Signature

[Signature]

Report