

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

1795-8

Report / Treatment is required of

Name Sabid Ali Laskar Age 65 Sex M

Address _____

Physician / Surgeon D.S.D Ward med No. of bed/cabin X55

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date 29/12/18

Signature [Signature]

Report