

West Bengal Form No. 815

Plate No.
Register No. 174537

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Manoj chowhan Age 32 yr Sex M

Address _____

Physician / Surgeon Dr. S. K. Das Ward MSW No. of bed/cabin 26

Paying / Non-Paying

Brief history of case

Clinical Diagnosis


NCT Brain

Urgent

Particular point to be investigated

Instructions

Date 29.7.18

Signature 

Report