

West Bengal Form No. 815

Plate No.
Register No. 74523

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Shafali Porei Age 46y Sex F

Address _____

Physician / Surgeon Dr. S. Deb Nath Ward FMU No. of bed/cabin 44

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan (brain)

Particular point to be investigated

Instructions

Date

29/7/18

Signature



Report