

West Bengal Form No. 815

Plate No.

Register No. 174561

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Manorama Selt Age 79 Sex F

Address \_\_\_\_\_

Physician / Surgeon S. Deb Nath Ward ANW No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan (Brain)

Particular point to be investigated

Instructions

Date 22/4

[Signature]  
Signature

Report