

West Bengal Form No. 815

Plate No.
Register No. 17 4576

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Debijoy Choudhury Age 46y Sex F

Address _____

Physician / Surgeon M. S. Das Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan of Brain

Particular point to be investigated

Instructions

Date 29/17

[Signature]
Signature

Report