

West Bengal Form No. 815

Plate No.
Register No. 1795655

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name SH Abdul Age 20 yr Sex m

Address _____

Physician / Surgeon Dr SMC Ward MSW No. of bed/cabin 21

Paying / Non-Paying
Brief history of case
Clinical Diagnosis

NCT Brain

Particular point to be investigated

Instructions

Date 29/8/13

Signature [Signature]

Report