

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

188998

Report / Treatment is required of

Name Gopal Das Age 50 Sex M

Address _____

Physician / Surgeon S. A. K. R. Ward mmw No. of bed/cabin 269

Paying /-Non-Paying

Brief history of case

Clinical Diagnosis

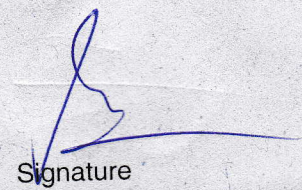
CT Brain

Particular point to be investigated

Instructions

Date

05/08/08



Signature

Report