

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Jaha Ara bejum Age 29 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr-S. pal Ward PMW No. of bed/cabin X40

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT-Brain

Particular point to be investigated

Instructions

Date 5/8/18

Nand  
Signature

Report