Plate No. Register No.

81092.

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is re	quired of		
Name Thun	u Sen '	Age_ 62	Sex_P
Address			
Physician / Surgeon	. S. pal w	ard FMW No.	of bed/cabin_67
Paying / Non-Paying		***	
Brief history of case			
Clinical Diagnosis	CT-A	scan (Brain)	
Particular point to be investigat	ed		
Instructions  Date 5818		Nam	
Date 5 8 18 ·		Signature	
	Report	**************************************	and the state of t