

West Bengal Form No. 815

Plate No.
Register No. 181109.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Saurwati Das Age 60 Sex F

Address _____

Physician / Surgeon Dr. S. Pal Ward PMW No. of bed/cabin X25

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT-Brain

Particular point to be investigated

Instructions

Date 5/8/18


Signature

Report