

West Bengal Form No. 815

Plate No. _____
Register No. 181371

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name M.D. ALI Age 70 Sex M.

Address _____

Physician / Surgeon B. G. Ward M.M. No. of bed/cabin 29

Paying / Non-Paying _____

Brief history of case

Clinical Diagnosis


CT scan (Brain)

Particular point to be investigated

Instructions

Date

Signature



Report