

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

7380

Report / Treatment is required of

Name Fulmeri Manna Age 38 Sex F

Address _____

Physician / Surgeon [Signature] Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CECT abdomen

Particular point to be investigated

Instructions 4/8

Date

[Signature]
Signature

Report