

West Bengal Form No. 815

Plate No. 948
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name B Shauq Age 19 Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying
Brief history of case
Clinical Diagnosis

ET Scan of
Brain

Particular point to be investigated

Instructions

Date 6/8

Signature

Report