

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

182212

Report / Treatment is required of

Name Aniket Jaiswal Age 43 Sex M

Address \_\_\_\_\_

Physician / Surgeon B A Ward MMW No. of bed/cabin 2/27

Paying / Non-Paying

Brief history of case

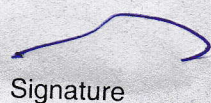
Clinical Diagnosis

CT Scan Brain

Particular point to be investigated

Instructions

Date 6/8/18



Signature

Report