

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH 182369
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bihash Haldan Age 70 Sex M

Address _____

Physician / Surgeon BC Ward MMW No. of bed/cabin X121

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Brain

Particular point to be investigated

Instructions

Date

6/8/18

Signature



Report