

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dipa Singh Age 45y Sex F

Address _____

Physician / Surgeon Dr. B. Jaisankar Ward FMW No. of bed/cabin X83

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date

6/8/18

Signature

[Signature]

Report