

DISTRICT HOSPITAL HOWRAH 193118
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name BOBITA SINGH Age 35 Sex R

Address _____

Physician / Surgeon SN Ward RM No. of bed/cabin X08

Paying / Non-Paying 186

Brief history of case

Clinical Diagnosis

CT Scan Abdomen

Particular point to be investigated

Instructions

Date



Signature

Report