

614

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rina Barma Age 46 Sex F

Address _____

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

Paying / Non-Paying
Brief history of case
Clinical Diagnosis

CT Scan of

Particular point to be investigated

Brain

Instructions
Date 18/8

[Signature]
Signature

_____ Report