

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dulal Das Age 82 Sex M

Address \_\_\_\_\_

Physician / Surgeon D. D. Ward Man No. of bed/cabin 29

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ct scan (abdomen)

Particular point to be investigated

Instructions

Date

Signature



Report