

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

19/9/52

Report / Treatment is required of

Name Girga Devi Age 45 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr Ward Four No. of bed/cabin 40

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Brain

Particular point to be investigated

Instructions

Date

12/9/52

Signature

Report