

West Bengal Form No. 815

Plate No.  
Register No. 193969

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Mansura Mullick. Age 65 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward FMW No. of bed/cabin 72

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

2 EWA

Particular point to be investigated

CT scan of brain

Instructions

Date 12/8/10

Signature [Signature]

Report