

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

284221

Report / Treatment is required of

Name Kilmoni G. Das Age 70y Sex M

Address _____

Physician / Surgeon Das Ward med No. of bed/cabin 246

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

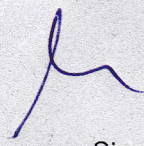
CT Brain

Particular point to be investigated

Instructions

Date

18/10



Signature

Report