

West Bengal Form No. 815

Plate No.  
Register No. 194259

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Swapan Das Age 58 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. S.K. Aukure Ward MMW No. of bed/cabin X73

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT - Brain

Particular point to be investigated

Instructions

Date 18/8/18

Nandy  
Signature

Report