

West Bengal Form No. 815

Plate No.
Register No. 194268

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sangita Devi Age 32y Sex F

Address _____

Physician / Surgeon Dr. S. K. Dutta Ward PMW No. of bed/cabin X48

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date 19/8/18

[Signature]

Signature

Report