

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

382

Report / Treatment is required of

Name Kupkumoni Patra Age 36 Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying _____
Brief history of case C.T. Scan plane Abdomen
Clinical Diagnosis No contrast

Particular point to be investigated

Instructions

Date 18/8/18

Signature [Signature]

Report