

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

195699

Report / Treatment is required of

Name Subinay Manna Age 42 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr Bcy Ward MMW No. of bed/cabin X42

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Brain

Particular point to be investigated

Instructions

Date

20/11/18

Signature

