

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

X20

Report / Treatment is required of

Name Asima Anis Sa Age 4yr Sex (F)

Address _____

Physician / Surgeon MA Ward Pu W No. of bed/cabin 120

Paying / Non-Paying

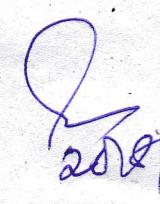
Brief history of case

Clinical Diagnosis

* CEET of Abdomen

Post cholelithotomy

Particular point to be investigated


20/10/18

Instructions

Date

Signature

Report