

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT



Report / Treatment is required of

Name Radmer Malhan Age 31 Sex M

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan of Brain

Particular point to be investigated

Instructions

Date

Signature

Report