West Bengal Form No. 815

Plate No.

Register No. 4110

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Runisha Age 60 Sex F

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C.T. Scan Brain

Particular point to be investigated

Instructions 08/8

Date Signature

Report