

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Niranjan Dewan Age 78 Sex M

Address _____

Physician / Surgeon Dr S.M. Ward M&W No. of bed/cabin X8

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

NCC Brain

Instructions

Date 21/8/18

Signature Dr. Manu

Report