

West Bengal Form No. 815

Plate No.
Register No. 196722

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Gopal Mondal Age 75 Sex Male

Address _____

Physician / Surgeon Dr. D. Dutta Ward MMW No. of bed/cabin X87

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan of Brain

Particular point to be investigated

Instructions

Date 22/01/18

Signature [Signature]

Report