

West Bengal Form No. 815

Plate No. _____
Register No. 195741

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Pradi p Chowdhury Age 11 Sex M

Address _____

Physician / Surgeon D. D Ward M.M No. of bed/cabin 49

Paying / Non-Paying _____
Brief history of case CT scan (Brain)

Clinical Diagnosis _____

Particular point to be investigated _____

Instructions _____

Date _____

Signature [Signature]

Report