

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

195695

Report / Treatment is required of

Name Banarajeshwar Prasad Age 75 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr S. D. Ward mmu No. of bed/cabin X44

Paying / Non-Paying

Brief history of case

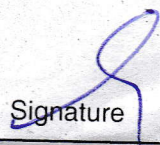
Clinical Diagnosis

CT scan Brain.

Particular point to be investigated

Instructions

Date 20/7/18

Signature 

Report