

West Bengal Form No. 815

Plate No.
Register No.

19681

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sanjay Meher Age 36 Sex M

Address _____

Physician / Surgeon Am Ward mmw No. of bed/cabin 1220

Paying / Non-Paying

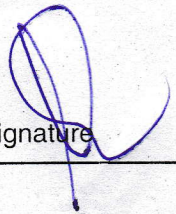
Brief history of case

Clinical Diagnosis

Particular point to be investigated CT Abdomen

Instructions

Date 22/8/19

Signature 

Report