

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

196885

Report / Treatment is required of

Name Mincabi Patra. Age 65 Sex \_\_\_\_\_

Address \_\_\_\_\_

Physician / Surgeon Dr. S. D. Ward F.M.W. No. of bed/cabin X50

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Brain

Particular point to be investigated

Instructions

Date

22/8/18.

Signature

Report