

West Bengal Form No. 815

Plate No.
Register No. 184057

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Gopal Das Age 52 Sex M

Address _____

Physician / Surgeon Dr JNY Ward MSW No. of bed/cabin X80

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan brain

Particular point to be investigated

Instructions

Date


Signature

Report