

West Bengal Form No. 815

Plate No.
Register No. PA/9-00035289

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Pravabati Dama Age 80yrs Sex F

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CTA

Particular point to be investigated CT scan of brain

Instructions

Date

Signature [Signature]
8/7/18

Report