

West Bengal Form No. 815

Plate No.
Register No. 184219

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Aruna Jey Age 52 Sex F

Address _____

Physician / Surgeon S. Babbar Ward AMW No. of bed/cabin 691

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C.T. Brain

Particular point to be investigated

Instructions 09/07/19

Date

[Signature]
Signature

Report