

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

0696

Name B. D. Mahajan Age 46 Sex M

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

E. T. Scan

W / ab E KUB ent

Particular point to be investigated

Instructions

Date 4/8

Signature [Signature]

Report