

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

1264383

Report / Treatment is required of

Name Jamuna Karmanay Age 45 Sex F

Address _____

Physician / Surgeon Dr B.D Ward FMW No. of bed/cabin X112

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT scan Abdomen

Particular point to be investigated

Instructions

Date 9/8/18 -

Signature 

Report