

West Bengal Form No. 815

Plate No.
Register No.

179704

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Arjan Age 5 Sex M

Address _____

Physician / Surgeon Dr. Amiruddin Ward PSW No. of bed/cabin ENT
Batu

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

HRCT Scan Mastoid

Particular point to be investigated

Instructions

Date 9/8/18

Signature Dr. Manu

Report