

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

177

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dinath Saha Foddar Age 45 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan of Brain
(P)

Particular point to be investigated

Instructions 9/8/12

Date

Signature 

Report