

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Debnatayan Routh Age 45yr Sex m 040

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

e-t. scan of Brain

Particular point to be investigated

Instructions

Date

9/8

Signature

[Signature]

Report