

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Gurunars kaun Age 55 Sex F

Address _____

Physician / Surgeon S.B Ward PMW No. of bed/cabin X138

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions CT Scan brain

Date 9/8/18


Signature

Report