West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

7 9/6

Report / Treatment is required of

Name M. Ahmed Age 40 Sex A

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT Scan Brain

Particular point to be investigated

Instructions

Date Signature

Report

8/8