

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

335

Name A. M. Malty Age 64 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan Cervical Spine

Particular point to be investigated

Instructions

Date

Signature

Report

