

West Bengal Form No.- 815

Plate No.
Register No. 44156.

ULUBERIA S.D. HOSPITAL

ULUBERIA :: HOWRAH

ELECTRO THERAPEUTIC DEPARTMENT (RADIOLOGY)

Report / Treatment is required of

Name..... ENDADUL HAQUE Age..... 20 Sex..... M

Address.....

Physician Surgeon / Unit..... S.M. Ward..... EMR

Bed No. / Cabin..... Pay / Non Paying.

Brief History of Case :

Clinical Diagnosis :

Particulars Point to be Investigation :

Instruction :

Date 23/08/18

CECT W/A

Signature

REPORT