No. 815

Plate No. Register No

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is req	uired of		/oi
Name	ng Jaryes	Age <u>36</u> Sex	/eig ate
Address	* V.		· Control of the cont
Physician / Surgeon	TOPO Ward	No. of bed/cabin	
Paying / Non-Paying			
Brief history of case			
Clinical Diagnosis	URCI	Thorap	
	/ / / `		
Particular point to be investigated			
Instructions			
		0/	
Date		Signature	
	Report		

eight:

ate:

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Amount

870.00

05/07/20

870.00 0.00 **0.00** 870.00

ARCH CENTRE