

Form No. 815

Plate No.  
Register No.

2907

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Saraswati Datta Age 47 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

ME CT

Brief history of case

Clinical Diagnosis

Bearh

Particular point to be investigated

Instructions

Date

8/7

Signature

[Signature]

Report

Weight:  
Date: 05/07/2018  
DIT

Amount
600.00

600.00
0.00
0.00
600.00

RESEARCH CENTRE