

15

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

676

Report / Treatment is required of

Weight:
Date: 06/07/2018
T

Name Binao D. Age 27 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CBEET Therapy

Particular point to be investigated

Instructions

Date

4/2

Signature

Report

Amount
870.00
800.00

1,670.00
0.00
0.00
1,670.00

SEARCH CENTRI