West Bengal Form No. 815

Plate No. Register No. 173553

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report/Treatment is required of Name Kakeli Santra		Age <u>42</u> Sex <u>F</u>
Address	Ward _	KMW No. of bed/cabinX7
Paying / Non-Paying Brief history of case Clinical Diagnosis	Brain	
Particular point to be investigated		
Instructions Date 29 718	Report	Signature Co