

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH** 123021  
**ELECTRO-THERAPEUTIC DEPARTMENT**

Report / Treatment is required of

Name Mani Das Age 35 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr MS Ward AW No. of bed/cabin 27

Paying / Non-Paying

Brief history of case ADU

Clinical Diagnosis NZET Break

Particular point to be investigated

Instructions 28/7/18

Date

Signature [Signature]

Report