

West Bengal Form No. 815

Plate No.
Register No.

2
DISTRICT HOSPITAL HOWRAH 173479
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MEHARUN BISA Age 36 Sex Female

Address Smt Ward M No. of bed/cabin XIV

Physician / Surgeon _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

as per ...

Particular point to be investigated

Instructions

Date

Signature

Report