

West Bengal Form No. 815

Plate No.  
Register No. 138606

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Moua Baydi Age 45 Sex R

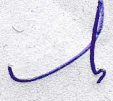
Address \_\_\_\_\_

Physician / Surgeon S K Anand Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis OT Scar (Brain)

Particular point to be investigated

Instructions

Signature 

Date

Report

Note:— (1) This form should expect in urgent cases be signed by the visiting staff.  
(2) A note should in all fracture cases be made as to whether the splints may be removed.  
(3) \_\_\_\_\_ should be noted.