West Bengal Form No. 815

Plate No.
Register No. 167579

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name	RABIA	18 18 9 An	1	Age Sex_	p.
Address		Mm			•
Physician / Surgeon_	S. Ma.	me	Ward Psz	No.of bed/ca	abin 48
Paying / Non-Paying Brief history of case Clinical Diagnosis		Dais a	6donin C	judoce	
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Particular point to be		18hy 2/2	10		
Instructions Date 291	Is Sugar Ures His Cres	-16 m) d -30 m) d -1.0.	dy asple	Signature	
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