

West Bengal Form No. 815

Plate No.
Register No. 174515

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Rev. Heta Age 22 Sex M

Address _____

Physician / Surgeon S. Debnath Ward Man No. of bed/cabin 282

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

CT Scan (abdomen)
etc. pain abdomen.
? Pancreatitis

Particular point to be investigated

Instructions

Date

Signature 

Report