

West Bengal Form No. 815

E.N.T

Plate No.  
Register No.

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

780

Report / Treatment is required of

Name Gorham Age 30y Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. A. Bose Ward E.N.T No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Hx CT, seen previously

Particular point to be investigated

Instructions

Date 30/7/10

[Signature]  
Signature

Report