West Bengal Form No. 815

Report / Treatment is required of

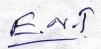


Plate No. Register No.

DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPÉUTIC DEPARTMENT

861

Name_Sushm	ita yadi	av Age 23-1 Sex	W.
Address		N as T	
Physician / Surgeon	15 02c Wa	ard <u>ENT</u> No.of bed/cab	in
Paying / Non-Paying			
Brief history of case		- 0 0	
Clinical Diagnosis	UR.	eT. Seen M	an tong
Particular point to be investigated			
Instructions		_	
Date 36 3 10		Signature	
	Report		