

West Bengal Form No. 815

BNT

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

322

Report / Treatment is required of

Name Tirthankar Ray Age 54y Sex M

Address _____

Physician / Surgeon Dr A Ban Ward E.T.D. No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

E.T. scan p. NS

Particular point to be investigated

Instructions

Date 30/11/18

[Signature]
Signature

Report