

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

112

Report / Treatment is required of

Name Ram Chatterjee Age 45 Sex M

Address _____

Physician / Surgeon Mepon Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Ch. Sanku Borain

Particular point to be investigated

Instructions

21/2

Date

Signature

[Signature]

Report