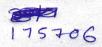
West Bengal Form No. 815

Plate No. Register No.



DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of	
Name Malati Khan.	Age <u>67</u> Sex <u>P</u>
Address	
Physician / Surgeon	_ Ward No. of bed/cabin
Paying / Non-Paying	
Brief history of case	
Clinical Diagnosis	8420901044
Particular point to be investigated	
Instructions CTS can brain	R
Date 30/7/11	Signature
Rep	ort