West Bengal Form No. 815

Plate No. Register No.

176863

DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of
Suy: b Thurn
Age SS Sex M

Address

Physician / Surgeon Ward Mon. of bed/cabin
Paying / Non-Paying
Brief history of case
Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Report / Treatment is required of
Suy: b Thurn
Age SS Sex M

No. of bed/cabin
No. of bed/cabin
Sex M

No. of bed/cabin
Signature

Report