West Bengal Form No. 815

Plate No.
Register No. 910

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name R Singh Age 20 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT Scan DL Spine

Particular point to be investigated

Instructions

Date 1/8 Signature

Report