West Bengal Form No. 815

Plate No. Register No. 177346

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of			584	f
Name CHHABI D	θŶ		Age	Sex
Name	Fmw-x83			
AddressPhysician / Surgeon	S.D	Ward	MW No. of be	d/cabin ×83.
Paying / Non-Paying Brief history of case Clinical Diagnosis	CT &	scan-Bra y plate)	ni (evegn	t)
Particular point to be inv	restigated			
Instructions  Date 9-18-18			Signature	

Report