

West Bengal Form No. 815

Plate No.  
Register No.

484

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Quaraisha Begum Age 55 Sex F

Address \_\_\_\_\_

Physician / Surgeon [Signature] Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

[Signature]  
C. T. Sen & P. Das

Particular point to be investigated

Instructions

Date

1/8/18

Signature

[Signature]

Report