

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

175791

Report / Treatment is required of

Name Radha Devi Age 70 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr B.S. Ward 1111 No. of bed/cabin X25

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C7 Abdomen

Particular point to be investigated

Instructions

Date

2/2/12

Signature

