

West Bengal Form No. 815

Plate No.
Register No. 77779

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MINA DEVI Age 354 Sex F

Address FMW-x96

Physician / Surgeon S.D Ward FMW No. of bed/cabin x96

Paying / Non-Paying

Brief history of case
Clinical Diagnosis NCLT Abdomen (weight)

Particular point to be investigated

Instructions
Date 2/8/18



Signature

Report