

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH *2089*
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Laxmikant Das Age 24 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

HRET Therapy

Particular point to be investigated

Instructions *NS*

Date

2

Signature

Report