

West Bengal Form No. 815

Plate No.
Register No. 178814

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sujit Gayen Age 34yr Sex M

Address _____

Physician / Surgeon M. G. M. S. Ward MSW No. of bed/cabin X19

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

of Head Brain.

Particular point to be investigated

Instructions

Date

Signature

Sujit Gayen

Report