

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name

D. Mondal Age *45* Sex *M*

Address

Physician / Surgeon

Ward

No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*C.T. Scan at
Barrack*

Particular point to be investigated

Instructions

Date

Signature

Report