

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

174554

Report / Treatment is required of

Name Salamser Ali Age 18 Sex M

Address _____

Physician / Surgeon Dr S.D Ward mmw No. of bed/cabin 12

Paying / Non-Paying

Brief history of case

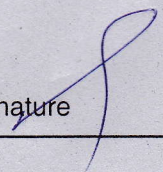
Clinical Diagnosis

H R C T Thoram

Particular point to be investigated

Instructions

Date 31/01/81

Signature 

Report