

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

107763

Report / Treatment is required of

Name Kajal Roy Age 45 Sex R

Address \_\_\_\_\_

Physician / Surgeon Dr. S. D Ward DMW No. of bed/cabin X59

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C7 Abdomen

Particular point to be investigated

Instructions

Date

2/2/08

Signature

*[Signature]*

Report