

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

348

Report / Treatment is required of

Name K. Devi Age 37 Sex R

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CIT Sean @ 10 min

Particular point to be investigated

Instructions

Date

Signature

Report