

West Bengal Form No. 815

Plate No.  
Register No. 179611

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Abu Shamma Age 12yr Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. Neel Ward How No. of bed/cabin Ch-1

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

U.C.T. Brain

Particular point to be investigated

Instructions

Date

3/5/18

Signature



Report