

DISTRICT HOSPITAL HOWRAH 179858
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Ram. Balamick Age 22 Sex M

Address _____

Physician / Surgeon S. P. S. Ward MMW No. of bed/cabin X24

Paying / Non-Paying

Brief history of case

Clinical Diagnosis CT Som pain

Particular point to be investigated

Instructions

Date


Signature

Report