

West Bengal Form No. 815

Plate No.  
Register No. 179471

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Adhi Age 2yr Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. M. S. Ward 42. 23W No. of bed/cabin Ch-7

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCE of Brain (P)

Particular point to be investigated

Instructions

Date 3/10/12

Signature [Signature]

Report