

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH 179885
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Karmey dhas Age 68 Sex M

Address _____

Physician / Surgeon S N Ward M No. of bed/cabin X75

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CP son from

Particular point to be investigated

Instructions



Date

Signature

Report