

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
**ELECTRO-THERAPEUTIC DEPARTMENT**

129810

Report / Treatment is required of

Name Jagannath Patra, Age 22 Sex M

Address \_\_\_\_\_

Physician / Surgeon S.M. Ward M No. of bed/cabin 110

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*C.T. Thome*

110  
66

Particular point to be investigated

Instructions

Date



Signature

Report