

West Bengal Form No. 815

Plate No.
Register No.

492 ✓

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Azim Goswami Age 20 Sex M

Address _____

Physician / Surgeon Nepr Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Sankar Das

Particular point to be investigated

Instructions 21/2
Date

[Signature]
Signature

Report