West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

OPD

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name M. Khatoon Age 40 Sex F

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis NCC of Breast

Particular point to be investigated

Instructions

Date 9/8 Signature

Report