West Bengal Form No. 815

Plate No. Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of	Age Dy Sex M
Name Teet Haxea	V
Physician / Surgeon Bhattachay Ward	d ch ware No. of bed/cabin 26
Paying / Non-Paying Brief history of case Clinical Diagnosis	
Particular point to be investigated	-s can Brain
Instructions Date 4 8 18 Report	Signature