

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

373

Report / Treatment is required of

Name MD M. Samanta Age 27 Sex m

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NOCT of w/A

Particular point to be investigated

Instructions

Date

Signature
[Signature]

Report