West Bengal Form No. 815

Plate No.
Register No. 182466

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of	9.1
Midhi Show	Age Oly Sex
Name 10 14 to 2	U
Address	FMW_No.of bed/cabin_X49
Physician / Surgeon D9. B. Susuaum Ward	FMW No. of bed/cabin 249
Paying / Non-Paying	
Brief history of case	
Clinical Diagnosis	n Corain-
Particular point to be investigated	
	A_{I}
Instructions	
Holis	Signature
Date + 8/10	
Report	