West Bengal Form No. 815

Plate No. Register No. 182443

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of
Name I wa Round of An Age 834 Sex Address
Physician / Surgeon Du-B-Grown Ward FAW No. of bed/cabin X3/
Paying / Non-Paying Brief history of case Clinical Diagnosis CT Scan lovain
Particular point to be investigated
Instructions
Date 6 Signature
Report