

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

855

Report / Treatment is required of

Name MD. KALAN Age 28 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Meel Boerin

Particular point to be investigated

Instructions

Date

Signature

Report

[Signature]
7/8/18