

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Panchu Gopal Sen Age 54 Sex M

Address _____

Physician / Surgeon D D - Ward Man No. of bed/cabin 171

Paying / Non-Paying ET Sen (Brain)

Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report