

West Bengal Form No. 815

Plate No.
Register No.

829

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name R Kanwar Age 42 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ELECT of
W/A

Particular point to be investigated

Instructions

Date 4/8

A
Signature

Report