

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

690

Report / Treatment is required of

Name A. Suman Age 65 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case


Clinical Diagnosis

C.T Sean Aldover

Particular point to be investigated

Instructions

Date


Signature

Report