West Bengal Form No. 815	Plate No.
	OSPITAL HOWRAH
Report / Treatment is required of	JOINE DEPARTMENT
Name Asma Beply	
Address	anAge <u>56%</u> Sex <u>F</u>
Physician / Surgeon An Such	Ward FSW No. of bed/cabin X53
Paying / Non-Paying	Ward TSW No. of bed/cabin XC2
- ) of case	
Clinical Diagnosis	Physical asealt
	mytical astalt
	In Head ascalt
Particular point to be investigated	
	Frang Porain
Istructions	l'a com
Date Date	. A
	Signature 6874