

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Vanesh Singh Age 35 Sex M.

Address _____

Physician / Surgeon S. Baleshi Ward MMW No. of bed/cabin A-50

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Of Brain.

Particular point to be investigated

Instructions

Date

09/09/17

Report

Signature

[Signature]