

West Bengal Form No. 815

Plate No.
Register No.

70

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Adesh Sanyal Age 35 Sex M

Address _____

Physician / Surgeon Mepon Ward _____ No. of bed/cabin _____
Paying / Non-Paying _____

Brief history of case

Clinical Diagnosis

CECT Therapy

Particular point to be investigated

Instructions 9/8

Date

Signature [Signature]

Report