

West Bengal Form No. 815

Plate No.
Register No.

273

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name MP Hussain Age 10 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan
Result

Particular point to be investigated

Instructions

Date

10/8

Signature

[Handwritten Signature]