West Bengal Form No. 815

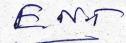


Plate No. Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is require	ed of	050
Name Prasentu Address	Sarden	_ Age 32 Sex 4/h
	BOOK Ward S.A	
Clinical Diagnosis	C.T. Scar	P.N.S
Particular point to be investigated		
Instructions		
Date 6 Mis	Sign Report	nature