

West Bengal Form No. 815

E.N.T

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Prasanta Sarda Age 32 Sex M

Address _____

Physician / Surgeon Dr. A. Bose Ward E.N.T No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.T. Scan P.N.S

Particular point to be investigated

Instructions

Date 16/8/18

[Signature]
Signature

Report