

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

687

Report / Treatment is required of

Name M. Ghosh Age 46 Sex M

Address \_\_\_\_\_

Physician / Surgeon [Signature] Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis

[Signature]

Particular point to be investigated

Instructions 10/8

Date

[Signature]  
Signature

Report