

660

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Om Prakash Age 14 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C. T. Scan A. Poor

(PS)

Particular point to be investigated

Instructions

1/8

Date

Signature

Report