

West Bengal Form No. 815

Plate No.
Register No. 187871

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sanjoy Bag Age 25yr Sex M

Address _____

Physician / Surgeon Dr nu Ward msw No. of bed/cabin 820

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

neck pain

Particular point to be investigated

Instructions

Date 9/8/18

Signature [Signature]

Report