

West Bengal Form No. 815

Plate No.
Register No. 187877

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name SHARID Mondal Age 17y Sex M

Address _____

Physician / Surgeon D & M Ward M2W No. of bed/cabin 275

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

neck Brain

Particular point to be investigated

Instructions

Date 11/8/18

Signature [Signature]

Report