

West Bengal Form No. 815

Plate No.
Register No. 187890

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Sagar Mondal Age 38y Sex M

Address _____

Physician / Surgeon Dr. [unclear] Ward MSW No. of bed/cabin 165

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NET Brain

Particular point to be investigated

Instructions

Date 11/5/18

Signature [Signature]

Report