West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

18798

Report / Treatment is required of

Name md Kadir Age 57 Sex M

Address

Physician / Surgeon Ward 6 No. of bed/cabin 19

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CJ Bron

Particular point to be investigated

Instructions

Date 4/8/08 Signature

Report