

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

18/03

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Banjan Nayak Age 22 Sex M

Address _____

Physician / Surgeon Dr AR Ward MSW No. of bed/cabin X91

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Adv
NEET Break

Particular point to be investigated

Instructions

IMPR

[Signature]

Date

Signature

Report