

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

180070

Report / Treatment is required of

Name md Shakib Ansari Age 23 Sex M

Address _____

Physician / Surgeon Dr. A. C. Ward M. H. No. of bed/cabin 794

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ADW
neck pain

Particular point to be investigated

Instructions

12 MIA

[Signature]

Date

Signature

Report