

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

188137

Report / Treatment is required of

Name Saiten Kumar Age 32 Sex M

Address _____

Physician / Surgeon Dr AR Ward M3W No. of bed/cabin _____

Paying / Non-Paying

Brief history of case Adw

Clinical Diagnosis NEET Bruise

Particular point to be investigated

Instructions 13/11/18

Date


Signature

Report