

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Handwritten initials

Report / Treatment is required of

Name B. Sanyal Age 22 Sex M

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Handwritten notes:
HPT
ECG Normal

Particular point to be investigated

Instructions

Date _____ Signature _____

Report