

West Bengal Form No. 815

E.T.

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

412

Report / Treatment is required of

Name Bajmal. Parveen Age 17 1/2 Sex Female

Address \_\_\_\_\_

Physician / Surgeon A. Banerjee Ward ENT No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying  
Brief history of case  
Clinical Diagnosis

FR e.T. Scar Mentoes

Particular point to be investigated

Instructions

Date 13/8/18

[Signature]  
Signature

Report