West Bengal Form No. 815

Plate No.
Register No. 246

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Atika (Boy) Age 14 Sex F

Address

Physician / Surgeon Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C/4 Severe Bronchitis

Particular point to be investigated

Instructions

Date 13/8 Signature

Report