

West Bengal Form No. 815

Plate No. _____
Register No. 189045 -

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of
Name Bernabe Das Medek Age 45 Sex M


Address _____
Physician / Surgeon B. G. Ward M M M No. of bed/cabin 143

Paying / Non-Paying _____
Brief history of case HRET Thiaa
Clinical Diagnosis _____

Particular point to be investigated _____

Instructions _____

Date _____

Signature 

Report _____