Plate No.
Register No. 189326

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name	NARRANA	TARACSUM	4	Age	32_Sex_	<u> </u>
Name		Huy				
Address			lard Pen		r L - d/oobie	(X5)
Physician / Surg	eon	<u> </u>	Vard	No.	of bed/cabin	—
Paying / Non-Pa	aying					
Brief history of	case					
Clinical Diagnos	sis	Nat	Krin			
Particular point	to be investigated		Kede he	uffm	Ma	
Instructions	12 (8 lar			Signature		
Date	The state of the s	Report				