West Bengal Form No. 815

Plate No. Register No.

## DISTRICT HOSPITAL HOWRAH 189761 ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of	14, 9 note
Name Alash Paha.  Address Ward Name	Age Sex B  Chand No. of bed/cabin 32
Paying / Non-Paying Brief history of case Clinical Diagnosis	- of prom
Particular point to be investigated	
Instructions	Signature 1126'18'
Report	