

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

937

Report / Treatment is required of

Name Kaishik Majhi Age 31/4 Sex M

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

c. T. Sen of Bhub

Particular point to be investigated

Instructions

Date 14/8

Signature

Report