

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

829

Name S. Foujdar Age 28 Sex F

Address _____

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

Paying / Non-Paying

E.T.

Brief history of case

Clinical Diagnosis

Seizure Brain

Particular point to be investigated

Instructions

Date

16/8

Signature

[Signature]

Report