West Bengal Form No. 815	Plate No. Register No. 188091
DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPEUTIC DEPARTMENT	
Report / Treatment is required Name	Leo Age 18 % Sex M Leo Age 18 % Sex M Low rall Low rall Low rall Low rall Low rall Low rall Low rall Low rall Low rall No.of bed/cabin X72(12)
Paying / Non-Paying Brief history of case Clinical Diagnosis	C.T. Sandy Draw to exclude
Particular point to be investigated	O krue to and converate Degament
Instructions Date	Exit Signature MULT