

West Bengal Form No. 815

Plate No.
Register No. 184622

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Tapas Buehar Age 36 Sex M

Address _____

Physician / Surgeon Dr. JMM Ward MBW No. of bed/cabin 23

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCT Brain

Particular point to be investigated

Instructions

Date

14/8/18

Signature



Report