

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Nakhat Firdous Age 11 Sex F

Address \_\_\_\_\_

Physician / Surgeon Dr. Jony Ward F8W No. of bed/cabin 46

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated Pain CT Abdomen

Instructions

Date 15/12/18

Signature [Signature]

Report