Plate No.
Register No. 191057

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report/Treatment is required of Bis ware the Dr	of Age Sex
Name	
Address	Ward No. of bed/cabin
Paying / Non-Paying  Brief history of case  Clinical Diagnosis	an (Bran)
Particular point to be investigated	
Instructions	Signature
Date	Report