

West Bengal Form No. 815

Plate No.
Register No. 191484

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Hujin Borg Age 55 Sex Ms.

Address _____

Physician / Surgeon S B Ward 3 No. of bed/cabin 282

Paying / Non-Paying

Brief history of case ET 3 in (Brain)

Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report _____