

West Bengal Form No. 815

Plate No.  
Register No. 191573

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Raj Kumar Jena Age 21 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr AR Ward MEN No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

MCT Brain

Particular point to be investigated

Instructions

Date 16/8/18

Signature 

Report