

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

19/9/29,

Report / Treatment is required of

Name Jagjiban Chakravorty Age 74 Sex M

Address _____

Physician / Surgeon Am Ward m nu No. of bed/cabin 112

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

CT Border's

Instructions

Date

16/9/29

Signature

Report