

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

078

Report / Treatment is required of

Name Surbina Bandyopadhyay Age 45 Sex F

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

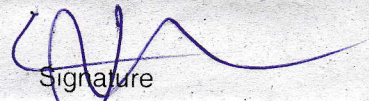
Clinical Diagnosis

NECT = Bony

Particular point to be investigated

Instructions

Date

  
Signature