

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH** 193181  
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name ASHUTOSH MONDAL Age 62 Sex M

Address \_\_\_\_\_

Physician / Surgeon S.M. Ward MM No. of bed/cabin XH

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CP seen from

Particular point to be investigated

Instructions

Date

Signature

Report