

West Bengal Form No. 815

Plate No.  
Register No. 193137

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Umar Hasi Age 20 yr Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr MAS Ward MSW No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NCT Brain

Urgent

Particular point to be investigated

Instructions

Date 17/5/15

Signature [Signature]

Report