

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bijan kr Sengupta Age 62 Sex M

Address _____

Physician / Surgeon Dr S.B. Ward MMW No. of bed/cabin 281

Paying / Non-Paying

Brief history of case

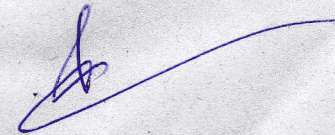
Clinical Diagnosis

CP. Brain 262

Particular point to be investigated

Instructions

Date 19/08/18

Signature 

Report