

West Bengal Form No. 815

Plate No.  
Register No.

638

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name L. Mal Age 26 Sex 7

Address \_\_\_\_\_

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*[Handwritten Signature]*

Particular point to be investigated

Instructions

Date

2018

Signature

*[Handwritten Signature]*

Report