

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

19448

Report / Treatment is required of

Name Gitanjali Age 30 Sex F

Address _____

Physician / Surgeon [Signature] Ward [Signature] No. of bed/cabin 2/16

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Particular point to be investigated

C9 Brain

Instructions

Date

[Signature]

Signature

[Signature]

Report