West Bengal Form No. 815

Plate No.
Register No. 8m

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Alo Roy Age 65 Sex F

Address

Physician / Surgeon Dr Ward No. of bed/cabin

Paying / Non-Paying

Brief history of case

Clinical Diagnosis C.T. Low Back Pain

Particular point to be investigated

Instructions

Date 2/8/18 Signature

Report