

West Bengal Form No. 815

Plate No. 095
Register No. 095

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name S. Misra Age 45 Sex M

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NECT
Brain

Particular point to be investigated

Instructions

Date

20/8

Signature

[Signature]

Report