

West Bengal Form No. 815

E.N.T

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

299

Name Nirman Jemanta Age 42 Sex M

Address _____

Physician / Surgeon Dr. A. Bose Ward E.N.T No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

HSC ear pain P.N.S. 2 months

Particular point to be investigated

Instructions

Date

20/9/18

Signature

[Signature]

Report