West Bengal Form No. 815

Plate No. Register No.

DISTRICT HOSPITAL HOWRAH

Report / Treatment is required of Name	ELECTR	O-THERAPEUTIC DEPARTM	MENT 765
Physician / Surgeon Ward No. of bed/cabin Paying / Non-Paying Brief history of case Clinical Diagnosis Cot Sean Runder Particular point to be investigated Your	Report / Treatment is requ	ler Rum	Age O Sex Ms
Paying / Non-Paying Brief history of case Clinical Diagnosis Cot Sean Rhander Particular point to be investigated Your Manual Control of the control of t	Address		
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Instructions	Particular point to be investigated	join	
Instructions	Instructions		
Date	Date	Signature	