

West Bengal Form No. 815

Plate No.
Register No.

195626

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Pooja Singh Age 37 Sex F

Address _____

Physician / Surgeon Dr. S. K. Chatterjee Ward 102W No. of bed/cabin 241

Paying / Non-Paying

Brief history of case

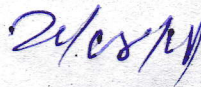
Clinical Diagnosis

Dr. C. S. Banerjee

Particular point to be investigated



Instructions



Date

Signature

Report