West Bengal Form No. 815

Plate No. Register No. 19444 2

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of		
Name Asua bibi		Age \$0 Sex _ /
Address		
Physician / SurgeonSaur	Ward	No. of bed/cabin b/w
Paying / Non-Paying	Co.	
Brief history of case		
Clinical Diagnosis		
CT-B	es a	
Particular point to be investigated		
Instructions 25/of/14 Date		Signature
D	eport	