West Bengal Form No. 815

Plate No. Register No. 195704 **DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPEUTIC DEPARTMENT** Report / Treatment is required of _____ Age _____ Sex _____ BABITA AEVI Name . Address . Ward Pass No. of bed/cabin . Ske The Physician / Surgeon . Paying / Non-Paying Brief history of case **Clinical Diagnosis**

brani NCET Particular point to be investigated Instructions Date 20 6 18 Sig

Report