Plate No.
Register No. 197877

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is req	uired of
NameMd 9n	fan Assari & Age Sy Sex M
Address	ah.
Physician / Surgeon \Delta \Lambda \Lambda \Lambda \.	Hukyllis Ward Fry No. of bed/cabin Ch I
Paying / Non-Paying ' Brief history of case	Foll from Stans
Clinical Diagnosis	C.T. scon of Brans
Particular point to be investigated	
Instructions	ha-
Date 23/55/	Signature
	Report