

# DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

197929

Report / Treatment is required of

Name Raju Ghosh Age 35 Sex Male

Address \_\_\_\_\_

Physician / Surgeon Dr G M Ward MSH No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis H/O Pain: Polyneur.

Particular point to be investigated

NECT brain

Instructions

Date 23/8/18

Signature [Signature]

Report