

Urgent
2/1/18

DISTRICT HOSPITAL HOWRAH

198791

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Raboman Aui Age 69 Sex m

Address _____

Physician / Surgeon DMS Ward MW No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis ADW

NCEP Howrah

Particular point to be investigated

Instructions

Date

2/1/18



Signature

Report