

West Bengal Form No. 815

Plate No.
Register No. 198308

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Aslo Paul Age 65y Sex M

Address _____

Physician / Surgeon S Paul Ward F/41W No. of bed/cabin X122

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CPS com of prae

Particular point to be investigated

Instructions

Date



Signature

Report