West Bengal Form No. 815

Plate No. Register No.

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Name Age Age Age Age Age Age Age Age	Sex Mul
Address Ward No. of bed.	$(cabin \frac{28}{61})$
Paying / Non-Paying Brief history of case Clinical Diagnosis	
Particular point to be investigated  NECT of Brain	
Instructions  Date 23 8 18  Report	