

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH 18/034.
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Deeraj. Prasad. Age 50 Sex M

Address _____

Physician / Surgeon SM Ward M3 No. of bed/cabin X20

Paying / Non-Paying

Brief history of case

Clinical Diagnosis ep sen ASD

Particular point to be investigated

Instructions

Date

[Signature]
Signature