

West Bengal Form No. 815

Plate No.  
Register No.

**DISTRICT HOSPITAL HOWRAH**  
ELECTRO-THERAPEUTIC DEPARTMENT

181058

Report / Treatment is required of

Name Banjim Choudhury Age 35 Sex M

Address \_\_\_\_\_

Physician / Surgeon S M Ward MW No. of bed/cabin 226

Paying / Non-Paying

Brief history of case

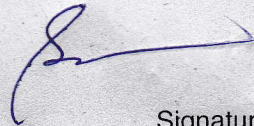
Clinical Diagnosis

CP sm prob

Particular point to be investigated

Instructions

Date



Signature