

West Bengal Form No. 815

Varyant (Fally)
Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH 181168
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name PARKASWAR SRIVASTAV Age 50 Sex M

Address _____

Physician / Surgeon Smy Ward M No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CP 50m Pm 24

Particular point to be investigated

Instructions

Date

J

Signature