

West Bengal Form No. 815

Plate No.
Register No. 187636

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name TANMAY Ghosh Age 37 Sex M

Address B G

Physician / Surgeon _____ Ward Man No. of bed/cabin 118

Paying / Non-Paying OT (Semi labrum)


Brief history of case

Clinical Diagnosis

Particular point to be investigated

Instructions

Date

Signature 

Report