

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

(400)

Report / Treatment is required of

Name A. Patra Age 46 Sex M

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

M.C. Brown

Particular point to be investigated

Instructions

Date

Signature

Report

[Signature]
18/11/18