

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

204

Name Angim Aoi Age 23 Sex R

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NET Brain

Particular point to be investigated

Instructions

Date

18/8

Signature

[Signature]

Report