

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

4017

Report / Treatment is required of

Name Manita Ghosh Age 55 Sex F

Address _____

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

Paying / Non-Paying _____
Brief history of case _____
Clinical Diagnosis Brain

Particular point to be investigated

Instructions _____
Date 12/8

Signature _____

Report