

West Bengal Form No. 815

Plate No.  
Register No. 194203

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Zinnantun Sidous Age 16y Sex F

Address \_\_\_\_\_

Physician / Surgeon SK M L W Ward FMW No. of bed/cabin 1047

Paying / Non-Paying

Brief history of case

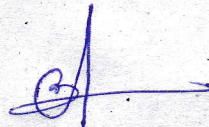
Clinical Diagnosis

*CEET Therap*

Particular point to be investigated

Instructions

Date 18.08.18

  
Signature

Report