

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Papilya Kumar Age 19 Sex F <sup>096</sup>

Address \_\_\_\_\_

Physician / Surgeon \_\_\_\_\_ Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*Neet of Brain*

Particular point to be investigated

Instructions

Date 21/8

*a*

Signature

Report