

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

560

Report / Treatment is required of

Name S. Devi Age 37 Sex P

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

M.C.B. Boer

Particular point to be investigated

Instructions

Date

Report

Signature

[Handwritten Signature]
21/8