

West Bengal Form No. 815

Plate No.  
Register No.

742

**DISTRICT HOSPITAL HOWRAH**  
**ELECTRO-THERAPEUTIC DEPARTMENT**

Report / Treatment is required of

Name Bablu Das Age 40 Sex M

Address \_\_\_\_\_

Physician / Surgeon 10/epm Ward \_\_\_\_\_ No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*ET. Sean Borra*

Particular point to be investigated

Instructions

21/8

Date

Signature

Report