Plate No. Register No. 196648

## DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name <u>Maralol</u> Na	Ag	ge <u>61</u> Sex <u>P</u>
Address	· · · · · · · · · · · · · · · · · · ·	
Physician / Surgeon	Ward MMW	No. of bed/cabin 28
Paying / Non-Paying		
Brief history of case		
Clinical Diagnosis		
Particular point to be investigated		
		1
Instructions 21/08/18	/	2
Date	Signat	ture
Report		