

West Bengal Form No. 815

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Joby Nandy Age 354 Sex M

Address _____

Physician / Surgeon Moh Ward X42 No. of bed/cabin 619

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

CT Scan face + PMS

Particular point to be investigated

Instructions

Date

Signature

Report

[Signature]
20/2/12