West Bengal Form No. 815		Plate No. Register No. 19564
DIS	STRICT HOSPITAL HORE ELECTRO-THERAPEUTIC DEPAR	OWRAH
Report / Treatment is required of		
Name	MSOW HARRA	Age Sex M
Address	MISHW MARRA hul	
Physician / Surgeon		No. of bed/cabir (2011)
Paying / Non-Paying		
Brief history of case		
Clinical Diagnosis		
	NCC Breed	
	Th.	le rock the
Particular point to be investigated (prode Lest fly)		
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Instructions		
Date 22/6/1		Signature
Report		