

West Bengal Form No. 815

E.N.T

Plate No.
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

4367

Report / Treatment is required of

Name Bikash K. Shaw Age 44 Sex M

Address _____

Physician / Surgeon A. Chakrabarty Ward E.N.T No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

C.P. Scar of mouth
(b.p.m.)

Particular point to be investigated

Instructions

Date

8/11/18

Signature

Report