West Bengal Form No. 815

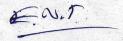


Plate No. Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of	0007
Name Bikan Ka	Show Age 14 Sex 10/4
Address	
Physician/Surgeon A Cho	land ward _ eng_ No. of bed/cabin
Paying / Non-Paying	
Brief history of case	
Clinical Diagnosis	C.T. Scariofa merhou
	C.J. Seen of mertous (bM)
Particular point to be investigated	
Instructions	
Date TIME	Signature
	Donort