

West Bengal Form No. 815

Plate No.  
Register No.

183424

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Mirmale Porel Age 50 Sex F

Address \_\_\_\_\_

Physician / Surgeon DR-S.M Ward FJW No. of bed/cabin 22

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

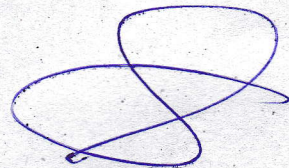
NECT brain

Particular point to be investigated

Instructions

Date

08/8/18



Signature

Report