West Bengal Form No. 815

Plate No.
Register No. /83469

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name	oneprakash RATOK Age US Sex M
Address	Hu
Physician / Surgeon_	# S. Mein Ward MS No. of bed/cabin 265
Paying / Non-Paying	(OF)
Brief history of case	
Clinical Diagnosis	
	Neet han'
Particular point to be	investigated (pude heigh)
Instructions	
Date 8 4 1	Signature