

West Bengal Form No. 815

Plate No.

Register No.

184002

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Myamali Ghosh Age 65 Sex MA

Address \_\_\_\_\_

Physician / Surgeon MS Ward MS No. of bed/cabin \_\_\_\_\_

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

MCC7 - Brain

Particular point to be investigated

Instructions

Date

8/8/18

Signature

Report

