

West Bengal Form No. 815

Plate No.  
Register No. 178810

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Dulal Ch. Bera. Age 70 Sex Ms.

Address S B -

Physician / Surgeon S B - Ward M M No. of bed/cabin 023

Paying / Non-Paying

Brief history of case Order @ P

Clinical Diagnosis HRET Throca 86

Particular point to be investigated

Instructions

Date

Signature [Signature]

Report