West Bengal Form No. 815

Plate No. Register No. 184379

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

neport/ freatment is requir	
Name Ulukna	Age 45 Sex M
Address	Mul.
Physician / Surgeon	TMM Ward MS2 No.of bed/cabin >0107
Paying / Non-Paying	
Brief history of case	
Clinical Diagnosis	
	N Cet Krań
Particular point to be investigated	(mode hearth) you
Instructions	
Date 8815	Signature
	Report