

West Bengal Form No. 815

Plate No.
Register No.

184673

DISTRICT HOSPITAL HOWRAH
ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name ANKOM GHOSH Age 24 Sex male

Address Home

Physician / Surgeon DR JNM Ward MS2 No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NICE Brain

Particular point to be investigated

(Pnele film)

Instructions

Date 8/8/10

Signature 