West Bengal Form No. 815	Plate No. Register No. 8967-9
DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPEUTIC DEPARTMENT	
Report / Treatment is required of Name <u>Mikhat Bano</u> Address <u>Fmu</u> Physician / Surgeon <u>Dre S-Debnorf</u> W	Age <u>Agy</u> Sex <u>F</u> ard <u>FANW</u> No. of bed/cabin 85
Paying / Non-Paying Brief history of case Clinical Diagnosis	on bouin.
Particular point to be investigated	Signature
Date 70/18 Report	Signature