

West Bengal Form No. 815

Plate No.  
Register No.

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

185029.

Report / Treatment is required of

Name Sujit Baswan Age 29M Sex M

Address \_\_\_\_\_

Physician / Surgeon for Ward in m/w No. of bed/cabin 7112

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ET Lung

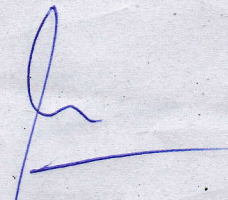
Particular point to be investigated

Instructions

Date

09/08/2018

Signature



Report