

West Bengal Form No. 815

Plate No.  
Register No.

185825

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Smiti Patra Age 38 Sex M

Address \_\_\_\_\_

Physician / Surgeon Dr. AK Ward MW No. of bed/cabin x36

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Gr. mea - 30ng/dl

CECT Andomen

Particular point to be investigated

Sr. creat - 0.82 3/8/18  
Hb - 14.9

Instructions

Date

9/8/18

Signature



Report