

West Bengal Form No. 815

Plate No.
Register No. 185874

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Bijay sahani Age 45 Sex M.

Address _____

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

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

NUT Brain

Particular point to be investigated

Instructions

Date 9/8/8


Signature

Report