

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name SAMAR DAS. Age 32 Sex M

Address _____

Physician / Surgeon Dr. AR Ward MSW No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

Nier Bran

Particular point to be investigated

Instructions

Date 9/8/18.

Signature [Signature]

Report