

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 79123

Report / Treatment is required of

Name ..... *Uma Parmanik* ..... Age *65* Sex *F*

Regd. No. ....

Address .....

Physician / Surgeon *Dr AS Das* ..... Ward *FMW* ..... Paying / Cabin

Brief history of case

Clinical diagnosis

Particulars point to be investigated ..... Signature and Date *7/10/18* .....

**REPORT**

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