



# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 79313

Report / Treatment is required of

Name *Mahanta Gona* Age *50* Sex *M*

Regd. No. ....

Address .....

Physician / Surgeon *to* Ward *100* Paying / Cabin

Brief history of case *to*

Clinical diagnosis *C/S of liver*

Particulars point to be investigated Signature and Date *[Signature]*

**REPORT**