

1723

Deben Mahato (Sadar) Hospital

PURULIA

82383

Regd. No. -

Report / Treatment is required of

Name *B. P. Baran* Age *5* Sex *m*

Regd. No.

Address

Physician / Surgeon *Dr* Ward *m* Paying / Cabin

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

Dr. Baran

18/11/16