

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 85277

Report / Treatment is required of

Name ..... *Chalapu Mahato* ..... Age *55* Sex *M*

Regd. No. ....

Address .....

Physician / Surgeon ..... *ACM* ..... Ward *W.D. 17* ..... Paying / Cabin

Brief history of case

Clinical diagnosis

*Chronic Bronchitis*

Particulars point to be investigated Signature and Date ..... *ACM* .....

**REPORT**