

2388

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 05103

Report / Treatment is required of

Name ..... *Sushanta Mahato* Age *5* Sex *M*

Regd. No. ....

Address .....

Physician / Surgeon *Dr. Ananta* Ward ..... Paying / Cabin

Brief history of case

Clinical diagnosis

Particulars point to be investigated ..... Signature and Date *03/11/18*

**REPORT**