

2796

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

Report / Treatment is required of

Name ..... *Suparne Mohanta* ..... Age *44* Sex *F*

Regd. No. ....

Address .....

Physician / Surgeon ..... *S. DM* ..... Ward *PD* ..... Paying / Cabin

Brief history of case ..... *S CT SCA Poran* .....

Clinical diagnosis

Particulars point to be investigated ..... Signature and Date ..... *MS 12/11/18*

**REPORT**