

Deben Mahato (Sadar) Hospital

PURULIA

94934

Regd. No. -

Report / Treatment is required of

Name *Banku Purwida* Age *50 yrs* Sex *M*

Regd. No.

Address

Physician / Surgeon *Atul* Ward *10* Paying / Cabin

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

Ulcer brain

Atul
14/1/15