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Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. 95966

Report / Treatment is required of

Name *Mulpi Beroi* Age *40* Sex *M*

Regd. No.

Address

Physician / Surgeon *Asan* Ward *Men* Paying / Cabin

Brief history of case

Clinical diagnosis

CTS of l. arm

Particulars point to be investigated Signature and Date *[Signature]*

REPORT