

3284

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 98391

Report / Treatment is required of

Name *Kokilo mahato* Age *60yrs* Sex

Regd. No.

Address

Physician / Surgeon *[Signature]* Ward Paying / Cabin *50*

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

[Signature]

[Signature]