

2555

Deben Mahato (Sadar) Hospital

PURULIA

88083

Regd. No. -

Report / Treatment is required of

Name *Basanta Mahato* Age *10yr* Sex

Regd. No.

Address

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

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

[Signature]

[Signature]
07/11/18