



Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

88768

Report / Treatment is required of

Name *Gora Chand Mandal* Age *45 yrs* Sex

Regd. No.

Address

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

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

[Signature]

[Signature]
02/11/18