

3089

West Bengal Form No. 81

Discharge Certificate

amb

Unit VI

No. - 91283

I hereby certify that Koushna Lata Malhotra, 15y

..... of

..... was under treatment in

this Hospital from 20/11/18 to 22/11/18

suffering from S. In Group

D.M.S. Hospital

Signature [Signature]

The 22/11/18 20

Signature [Signature]

Headache '3DAU

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CT Scan Brain
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Att m/p