



# Deben Mahato (Sadar) Hospital

PURULIA

80844

Regd. No. -

Report / Treatment is required of

Name ..... *Rebunth Hensde* ..... Age *55* years Sex .....

Regd. No. ....

Address .....  
Physician / Surgeon ..... *AK* ..... Ward *10* ..... Paying / Cabin .....

Brief history of case

Clinical diagnosis

Particulars point to be investigated

Signature and Date .....

*AK* / *AK*  
*AK*

## REPORT

*AK*

*AK*  
*(37/10) 12*