

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

80943

Report / Treatment is required of

Name ..... *Laxman Tudu* ..... Age *14 yrs* Sex *M* .....

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]*