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Plate No.

Register No.

R. G. KAR MED		ment 2 4 1 8 do 8 9 294
Report / Treatment is required of NameSaudhy a faction Address.		`
Physician / Surgeon	m) Ward FMW-	6
Paying / Non Paying		
Brief history of case		
Clinical Diagnosis	BI Brain	
Particulars point to be Investigated		$O_{1} \circ c_{1}$
Instruction		Anny Chelly
Date. 23/12/18		Signature. Female. Medicine Ward
	REPORT	Signature