

W.B.F.No. 815

GS-3

# Medical College Hospitals, Calcutta

Plate No.

Regd. No.

Name ~~SA~~ *Abdus Halim* Age *60* Sex *M*

Address .....

Physician/Surgeon ..... Ward *CB Top (M)* Bed/Cabin No. *237*

Paying / Non-Paying :

Brief history of case : *NCCT brain*

Clinical Diagnosis

Particular Point to be investigated :

Instruction :

Dated : *25/8*

*N*  
Signature

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Report

Dated :

Signature

WB Form 818

# Medical College Hospitals, Calcutta

Plate No.

Name

Abdul Halim

Address

Physician's Signature

Physician's Name

Chief Physician

Chief Physician's Name

Referring Physician's Name

Referring Physician's Address

Date

2/2/8

Report

2/2/8