

# ULUBERIA S. D. HOSPITAL

ULUBERIA HOWRAH

ELECTRO THERAPEUTIC DEPARTMENT (RADIOLOGY)

Report / Treatment is required of

Name ..... *Rajesh K. Khan* .....

Age ..... *20y* ..... Sex ..... *M* .....

Address .....

Physician Surgeon / Unit ..... *Dr P. M.* .....

Bed No. / Cabin ..... *44* .....

Brief History of Case :

Clinical Diagnosis :

Particulars Point to be Investigation :

Instruction :

Date ..... *21/8/18* .....

## REPORT

Signature

*[Handwritten Signature]*  
*21/8/18*

*@ T. Scans of brain*

Pay / Non Paying .....

Ward ..... *M8W* .....