

ULUBERIA S. D. HOSPITAL

ULUBERIA HOWRAH
RADIOLOGY DEPARTMENT

Report / Treatment is required of

Name *Rasida Begam* Age *50 yrs* Sex *F*

Address

Physician Surgeon / Unit *Dr. S.N.A* Ward *F.S.W*

Bed No. / Cabin *30* Pay / Non Paying.

Brief History of Case :

Clinical Diagnosis : *CT scan of Brain*

~~U.S.G. of Whole Abdomen~~

Date *17/8/18*

Medical Officer
Uluberia S.D. Hospital
Uluberia, Howrah
[Signature]
Signature

REPORT

- LIVER
- SPLEEN
- PANCREAS
- G.B.
- P.V.
- C.B.D.
- R.K.
- L.K.
- U.B.
- U.T.
- R.O.
- L.O.
- P.O.D.
- RT. & LT. ADNEXAL
- RIF & LIF
- IMP

Signature