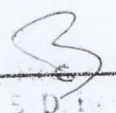


DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

No.- **2648** EMERGENCY TICKET
ULUBERIA S.D. HOSPITAL
ULUBERIA, HOWRAH.

PATIENT DETAILS		Registration No.- <u>7089</u>	Date-
Name <u>Rajan Mandal</u>		Age <u>35</u>	Sex <u>m</u>
Address _____		Vill. _____	
P.O. _____		P.S. _____	
Visiting Date _____			
Doctor's Name _____			
Clinical Notes	ADVICE / Investigations		
<u>History / Complaints</u>	Date <u>24/8/18</u>		
<u>Signs & Symptoms</u>	<u>CT scan of brain.</u>		
<u>Clinical Examination</u>			
<u>Injury Notes</u>			
<u>Provisional Diagnosis</u>			
		 ULUBERIA S.D. HOSPITAL ULUBERIA, HOWRAH Signature Name of Doctor / Stamp	