

# ULUBERIA S. D. HOSPITAL

43346

ULUBERIA HOWRAH

ELECTRO THERAPEUTIC DEPARTMENT (RADIOLOGY)

Report / Treatment is required of

Name ..... S/c. Gajin ..... Age 47 ..... Sex m .....

Address .....

Physician Surgeon / Unit ..... 38A ..... Ward ..... m.s.h. .....

Bed No. / Cabin ..... Dr. P. Mulchan ..... Pay / Non Paying.

Brief History of Case :

Clinical Diagnosis :

Particulars Point to be Investigation : e T Saen of brain

Instruction :

Date ..... 16/8/18 .....

WJ  
Signature

## REPORT

Signature