

West Bengal Form No.- 815

Plate No. 40357  
Register No.

# ULUBERIA S.D. HOSPITAL

ULUBERIA :: HOWRAH

ELECTRO THERAPEUTIC DEPARTMENT (RADIOLOGY)

Report / Treatment is required of

Name..... Ayan Haldar ..... Age... 134 ..... Sex... M

Address.....  
Physician Surgeon / Unit.....

Bed No. / Cabin..... Ward... Emergency .....  
Pay / Non Paying.

Brief History of Case :

Clinical Diagnosis :

Particulars Point to be Investigation :

Instruction :

Date ..... 17/8/18 ..... CT Brain + P.N.S

[Signature]  
Signature

**REPORT**