

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 189209

Report / Treatment is required of

Name ..... *monjithan mony* Age *50* Sex *M*

Regd. No. .... *189209*

Address .....

Physician / Surgeon *Dr. P. P. P.* Ward *12* Paying / Cabin

Brief history of case *CT scan of brain*

Clinical diagnosis *CT, 08-10-18*

Particulars point to be investigated ..... Signature and Date .....

**REPORT**