



# Deben Mahato (Sadar) Hospital

PURULIA

82320

Regd. No. -

Report / Treatment is required of  
Name ..... Bone graft ..... Age 18yr Sex .....

Regd. No. ....

Address ..... Ward ..... Paying / Cabin .....

Physician / Surgeon ..... AH

Brief history of case

Clinical diagnosis

Particulars point to be investigated

Signature and Date .....

## REPORT

*CT scan done*

*11/19/18*