

(B)

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 80364

Report / Treatment is required of
Name *Sujal Mohanta*

Age *60yr*
Sex *M*

Regd. No.

Address

Physician / Surgeon *AM* Ward *A* Paying / Cabin

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

CT Scan Maxilla

*Urgent
maxilla*

17/1/18