

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

Report / Treatment is required of

Name ..... *Rajiv Singh* ..... Age *62y* Sex *M* .....

Regd. No. .... *81363* ..... *B/wb - Feb*

Address .....

Physician / Surgeon ..... *Dr. K. Patra* ..... Ward *HTM* Paying / Cabin

Brief history of case

Clinical diagnosis ..... *OT brain* .....

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

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## REPORT