

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 83806

Report / Treatment is required of

Name ..... *Laxmi Kalindi* ..... Age *20y* Sex *f* .....

Regd. No. *k* .....

Address .....

Physician / Surgeon *M. A. K. D.* ..... Ward *fmw* Paying / Cabin .....

Brief history of case

Clinical diagnosis

*CT Scan of brain*

Particulars point to be investigated

Signature and Date *23/10* .....

**REPORT**