



# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 84661

Report / Treatment is required of

Name ..... Bhuvan Mahato ..... Age ..... Sex (M)

Regd. No. (51)

Address .....

Physician / Surgeon Dr. G.T. ..... Ward mm ..... Paying / Cabin

Brief history of case

Clinical diagnosis

C.T. Scan of brain

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

**REPORT**