

2169

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 85411

Report / Treatment is required of

Name *Bijay Jivan* Age *68* Sex *M*

Regd. No.

Address *Amn SD*

Physician / Surgeon *Amn* Ward Paying / Cabin

Brief history of case

Clinical diagnosis *CT scan brain*

Particulars point to be investigated Signature and Date *[Signature]*

REPORT