

676

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

Report / Treatment is required of

Name *Letu Barui* Age *65* Sex *M*

Regd. No. *85511*

Address

Physician / Surgeon *Dr. K. Patra* Ward *MMW* Paying / Cabin *JP*

Brief history of case

Clinical diagnosis *CT brain*

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

REPORT