



Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 57043

Report / Treatment is required of

Name *Jaya maha* Age *34* Sex *F*

Regd. No.
Address *Puruli*

Physician / Surgeon *D. Parmanu* Ward *Am* Paying / Cabin

Brief history of case

Clinical diagnosis

CT Scan or MRI

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

REPORT