

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

**Deben Mahato (Sadar) Hospital  
Po+Dist - Purulia  
(PH:03252-222474)**

User Name : Dipak Banskier  
Paki Rupees : 2

2283

|                           |                         |                     |          |                              |
|---------------------------|-------------------------|---------------------|----------|------------------------------|
| Name : <b>BANS SHARMA</b> |                         | [PDMH/OR1800281610] |          | Tuesday                      |
| Sex : Male                | Age : 5                 | Yrs. 0              | Months 0 | Days                         |
| Ref. From :               |                         |                     |          | Day: PDMH/RG1800295488       |
|                           |                         |                     |          | Reg. No.: 30-10-2018         |
|                           |                         |                     |          | Reg. Date: PDMH/OR1800281610 |
|                           |                         |                     |          | Card No.: 30-10-2018         |
|                           |                         |                     |          | Time : 12:07PM               |
| Visit No. : 1             | Department : PAEDIATRIC | Dr. BANDANA GHOSH   |          | Visit Date :                 |
| Doctor/Unit Name (DOW) :  | 49                      |                     |          | Time :                       |
| Room No. :                |                         |                     |          | Entry No. :                  |

|               |               |
|---------------|---------------|
| Visit Date :  | Visit No. : 2 |
| Department :  | fm.           |
| Doctor/Unit : |               |
| Entry No. :   |               |

|               |               |
|---------------|---------------|
| Visit Date :  | Visit No. : 3 |
| Department :  | Tm.           |
| Doctor/Unit : |               |
| Entry No. :   |               |

|               |               |
|---------------|---------------|
| Visit Date :  | Visit No. : 4 |
| Department :  | Tm.           |
| Doctor/Unit : |               |
| Entry No. :   |               |

**ADMISSION**  
30/10

**Clinical Notes**

**ADVICE**

Tech Disclosure SOS

Adv

CT plain Brain