

229

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 85967

Report / Treatment is required of

Name *maheswari wisnu* Age *85* Sex *F*

Regd. No. *R*

Address

Physician / Surgeon *Dr. A.K.D.* Ward *FW* Paying / Cabin

Brief history of case

Clinical diagnosis *CT scan of brain*

Particulars point to be investigated Signature and Date *30/12*

REPORT