

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 86435

Report / Treatment is required of

Name ..... *MITA RA ROY* ..... Age *60* Sex *F*

Regd. No. ....

Address .....

Physician / Surgeon ..... *Dr. HIRE* ..... Ward *10* ..... Paying / Cabin

Brief history of case

Clinical diagnosis

*CT brain*

Particulars point to be investigated

Signature and Date .....

**REPORT**