



# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 89243

Report / Treatment is required of

Name ..... Chotulal Hamedo .....

Age 20 Sex m

Regd. No. 8 .....

Address ..... B/NO - F .....

Physician / Surgeon DR A Kapat Ward M.S.D. Paying / Cabin

Brief history of case

*[Handwritten signature]*

Clinical diagnosis

Particulars point to be investigated

Signature and Date .....

## REPORT

CT scan brain (P)