

2823

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 90545

Report / Treatment is required of

Name *Chaina Bauri* Age *45yrs* Sex *female*

Regd. No.

Address

Physician / Surgeon *Dr. Baruya* Ward *D.S.O.* Paying / Cabin

Brief history of case

Clinical diagnosis

et scan of brain

Particulars point to be investigated

Signature and Date

REPORT