

3493

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 95000

Report / Treatment is required of

Name *Deben Mahato*

Age *48* Sex *F*

Regd. No.

Address

Physician / Surgeon *PICU*

Ward *ICU* Paying / Cabin *2*

Brief history of case

Clinical diagnosis

Particulars point to be investigated

Signature and Date *[Signature]*

REPORT

CT brain

[Handwritten mark]