

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 95186

Report / Treatment is required of

Name ..... *B. Kumar Ray* .....

Age *12* Sex *M*

Regd. No. ....

Address .....

Physician / Surgeon *ppr*

Ward *mmw* Paying / Cabin *20*

Brief history of case

Clinical diagnosis

Particulars point to be investigated

Signature and Date *[Signature]*

## REPORT

*CT brain*