

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 95531

Report / Treatment is required of

Name *S. Sanku Chandra* Age *65* Sex *f*

Regd. No.

Address

Physician / Surgeon *Dr. M. K. D.* Ward *fm* Paying / Cabin

Brief history of case

Clinical diagnosis *CT Scan brain*

Particulars point to be investigated Signature and Date

REPORT