

3030

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

Report / Treatment is required of

Name *Srfali Granain* Age *5.0y* Sex *F*

Regd. No. *26339* Bed - *17*

Address

Physician / Surgeon ... *Dr. Patra* Ward *F.M.W.* Paying / Cabin

Brief history of case

Clinical diagnosis

CT scan brain

Particulars point to be investigated

Signature and Date

REPORT