

3710

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 96580

Report / Treatment is required of

Name *Payal Mukherjee* Age *14/6* Sex *F*

Regd. No. *B.N.C. 14*

Address

Physician / Surgeon *mit - 11* Ward *fm* Paying / Cabin

Brief history of case *CT Scan of brain*

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT