



Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 07745

Report / Treatment is required of

Name *Samsida Khatun* Age *50y* Sex *F*

Regd. No. *BLN-35*

Address

Physician / Surgeon *DR. S. Mandal* Ward *F.M.D.* Paying / Cabin

Brief history of case

Clinical diagnosis *CT scan of brain*

Particulars point to be investigated Signature and Date

REPORT