

3854

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 97739

Report / Treatment is required of

Name ..... *namata sarkar* ..... Age *50* Sex *F*

Reg. No. *6* .....

Address .....

Physician / Surgeon *Dr S. Mahapatra* Ward *FW* Paying / Cabin

Brief history of case

Clinical diagnosis

*CT scan of brain*

Particulars point to be investigated

Signature and Date ..... *18/12/18*

**REPORT**