

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. -

Report / Treatment is required of

Name ..... Buddheswar Pramanik ..... Age: (45yrs) (Sex) (M)

Regd. No. .... (30) .....

Address .....

Physician / Surgeon ..... Dr. Anil Kumar ..... Ward MM Paying / Cabin

Brief history of case

Clinical diagnosis ..... C.S. scan of brain .....

Particulars point to be investigated ..... Signature and Date .....

**REPORT**

