

1205

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 99986

Report / Treatment is required of

Name ..... Sauatan Mahato ..... Age 70 Sex M

Regd. No. ....

Address .....

Physician / Surgeon U-10 ..... Ward mmw ..... Paying / Cabin

Brief history of case

Clinical diagnosis

Seizure ± CVA.

Particulars point to be investigated

Signature and Date ..... MB

CT brain **REPORT**  
(urgent)