

253/e

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 14328

Report / Treatment is required of

Name *Mune Banerjee* Age *50y* Sex *F*

Regd. No.

Address

Physician / Surgeon *Dr* Ward *12* Paying / Cabin *3*

Brief history of case

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT

CT Scan Thorax

*used as
copy 21/7*

*AD
6 9/11/18*