

2500

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 88182

Report / Treatment is required of

Name ..... *Dipak Das* ..... Age *43 yrs* Sex *M*

Regd. No. ....

Address .....

Physician / Surgeon ..... *[Signature]* ..... Ward *Men* ..... Paying / Cabin *(6)*

Brief history of case

Clinical diagnosis

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

## REPORT

*Cystic brain*

*[Signature]*

*Air*  
*02 / 11 / 18*