

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 85591

Report / Treatment is required of

Name ..... *Nimai Chand Ghose* ..... Age *84* Sex *M* .....

Regd. No. .... *85591* .....

Address ..... *CCU 58* .....

Physician / Surgeon ..... *Dr. Pater* ..... Ward *CCU* ..... Paying / Cabin .....

Brief history of case *CT. Scan Brain*

Clinical diagnosis

Particulars point to be investigated

Signature and Date ..... *[Signature]* .....

**REPORT**