



Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 96071

Report / Treatment is required of

Name *Rabi Majhi* Age *36y* Sex *male*

Regd. No. *B.no. - 53*

Address

Physician / Surgeon *D. A. K. D.* Ward *mnw* Paying / Cabin

Brief history of case

Clinical diagnosis

CT Scan of Brain

Particulars point to be investigated

Signature and Date

REPORT