

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 76134

Report / Treatment is required of

Name *Savitri Dm* Age *60y* Sex *F*

Regd. No. *A/N - 37*

Address

Physician / Surgeon *unit - 1* Ward *6m4* Paying / Cabin

Brief history of case

Clinical diagnosis

CT Scan of Brain

Particulars point to be investigated Signature and Date *10/12*

REPORT