



Deben Mahato (Sadar) Hospital
PURULIA

Regd. No. - 97415

Report / Treatment is required of

Name *Prince* Age *1yr* Sex *M* .

Regd. No.

Address

Physician / Surgeon *Dr. A. De* Ward *F.S.W.* Paying / Cabin

Brief history of case *CT Scane Brain* .

Clinical diagnosis

Particulars point to be investigated Signature and Date

REPORT