

3730

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 09

Report / Treatment is required of

Name ..... *Dipak Mandal* ..... Age *45y* Sex *M*,

Regd. No. *97479* .....

Address .....

Physician / Surgeon *Dr. A. Dey* ..... Ward *Mg 2* ..... Paying / Cabin

Brief history of case

Clinical diagnosis

*CT scan brain*

Particulars point to be investigated

Signature and Date .....

**REPORT**

*[Signature]*  
*16/12/18*