

3837

15

# Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 97559

Report / Treatment is required of

Name ..... *Mili Kalindi* ..... Age *45* Sex *F*

Regd. No. ....

Address .....

Physician / Surgeon ..... *Dr. AKD* ..... Ward *PMW* ..... Paying / Cabin

Brief history of case

Clinical diagnosis *CT-brain*

Particulars point to be investigated Signature and Date ... *12/12/18* ..

**REPORT**

*8*