

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. 92504

Report / Treatment is required of

Name *Omea Cyuni* Age *60* Sex *M*

Regd. No.

Address

Physician / Surgeon *D. M. Ramakrishna* Ward *MS 11* Paying / Cabin

Brief history of case

Clinical diagnosis *CS of brain*

Particulars point to be investigated Signature and Date

REPORT

AD