

3/25

Deben Mahato (Sadar) Hospital

PURULIA

Regd. No. - 92650

Report / Treatment is required of

Name *Ani Ray* Age *72* Sex *F*

Regd. No. *B/W (17)*

Address

Physician / Surgeon *Dr. A.K.D.* Ward *Final* Paying / Cabin

Brief history of case

Clinical diagnosis

CT scan of brain

Particulars point to be investigated

Signature and Date

REPORT