# VALLEY HOSPITAL & RESEARCH CENTRE (P) LTD.

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| | |
|---|---|
| Name ..... Ajay Sahoo | Laboratory Reference ..... Valley Hospital |
| Age 44 Sex Male Race ..... | Regd. No. ..... OR |
| Occupation ..... | Date of Receipt 11-Oct-25 |
| Address/ Ward Bed No. ..... OPD (Male) | Date of Reporting ..... |
| ..... PIN-270286 | |

Hospital Regd. No. ..... 270286 M.R.D. No. ..... 280297

Physician / Surgeon ..... Dr Nandita Nath MS (Ent)

**Clinical Notes**

a)Mode of Origin .....

b)Rate of Growth .....

c)Time of First Appearance .....

d)Nature of Specimen ..... Cyst (Dermoid) forehead

e)Any other relevant points, viz, Menstrual History etc. .....

Description of Specimen.:-

a)Locality .....

b)Size .....

c)Shape .....

d)Consistency .....

e) If Capsulated .....

f) Any other features .....

If adherent to the neighboring Structures :-

Which group? Any sign of general dissemination.....

Additional information which might help diagnosis.....

Removed by Operation/ ~~Postmortem~~..... Excision & GA

Clinical Diagnosis ..... Dermoid Cyst forehead

Nature of Examination and opinion required ..... HPE

Date of Despatch ..... 08/10/25

Signature of
Resident Surgeon

1. Please give us as such information as possible, insufficient information means delay.
2. The Surgeon may himself select the portion required for section.
3. Fix immediately on removal and use plenty of fixative and do not use too small container.