

No.-001

Dialysis / Digital X-Ray / CT Scan

118072

Hospital

Health District, District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Partho Roy Age: 34 Sex: M

Address: [Handwritten]

Register Id: Rh 3226 Date: 18/8/18

Received the services and I have not paid any amount for the service. [Signature]

Superintendent

Hospital

Health District, District

er No. ex M

Name: GENERAL Monday 13-08-2018 12:06PM

Visit No. TM.

Signature of the Patient

[Handwritten notes and signatures]

1 of 1

OTg Repaheslam (16)

OTc Deflazacort (8) 08/13/2018 12

Medical Officer Com & JNM Hospital (W.B.U.H.S.) Kalyani, Nadia

[Handwritten signature]

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er No.

ex. M

Name: GENERAL

Monday

RG1800093226

13-08-2018

OR1800082530

Time: 12:06PM

Visit No. TM.

[Handwritten signature]

[Handwritten text]

[Handwritten mark]

[Handwritten mark]

AP

[Handwritten text]

[Handwritten text]

LA

[Handwritten text]

1 of 1

✓ 6Tg Repaheslam (16)

✓ 6Tc Deflazacort (8)

08/13/2018 12

20DD21

Medical Officer  
Com & JNM Hospital  
(W.B.U.H.S.)  
Kalyani, Nadia

[Handwritten signature]

# J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... PARTHA ROY ..... Age..... 34 ..... Sex..... M .....

Address..... RG 3226 .....

Physician/Surgeon..... Ward.....

No. of Bed Cabin..... Paying / Non-Paying.....

Brief history of case *x-ray of LS spine shows degenerative changes.*

Clinical Diagnosis

Particular Point to be investigated.

Instruction

*MRI of LS spine*

Date- 18-08-18

*Signature*  
Medical Officer  
J.N.M. Hospital Kalyani  
Nadia

## REPORT

*8013231616*

Name: GENERAL  
Purpose: Monday  
RG1800093226  
13-08-2018  
OR1800082530  
Time: 12:06PM

Visit No. TM.

*(3) L-S Spine AP & Pelvis both hip LA P... + WT*

*OTg Betahestum (16)*  
*OTc Deflazacort (6)*  
08/13/2018 12:07  
*20002100*

Medical Officer  
Com & JNM Hospital  
(W.B.U.H.S.)  
Kalyani, Nadia

*18/08/18*

DEPARTMENT OF HEALTH & FAMILY WELFARE  
 GOVERNMENT OF WEST BENGAL  
 OPD Patient Card  
 COLLEGE OF MEDICINE & JNM HOSPITAL  
 WEST BENGAL UNIVERSITY OF HEALTH SCIENCES  
 KALYANI, NADIA, PIN - 741 235

MALE ORTHOPEDIC 148

Name : PARTHA ROY Regd. No. : JNMM/RG1800093226 Day : Monday  
 Sex : Male Age : 34 Yrs. 0 Months 0 Days  
 Ref. From : Reg. No. JNMM/RG1800093226  
 Reg. Date : 13-08-2018  
 Card No. JNMM/OR1800082530  
 Visit No. : 1 Department : MALE ORTHOPEDIC Visit Date : 13-08-2018 Time : 12:06PM  
 Doctor/Unit Name (DOW) : Dr. AJAY KUMAR/Dr. SUBHRAJYOTI SHIL/Dr. SUJOY DAS  
 Room No. : 4 Entry No. :

Visit Date : Visit No. : 2  
 Department : TM.  
 Doctor/Unit :  
 Entry No. :

Visit Date : Visit No. : 3  
 Department : TM.  
 Doctor/Unit :  
 Entry No. :

Visit Date : Visit No. :  
 Department : TM.  
 Doctor/Unit :  
 Entry No. :

Clinical Notes

130817  
 (9) Radicular pain  
 R L  
 WTA  
 WTA  
 USG

ADVICE

T. Pam (500/650) Add  
 T. I buprofen (200/400)  
 T. Fm (20/40) Rab 20 Antacid  
 T. Pan (40/D) omez (20)  
 T. Coamony elc (825/375)  
 T. Vit BC-  
 T. citron (500/250)  
 ADD 2mm  
 (AB) ✓  
 X Ray of LS Sp  
 AP ✓  
 X Ray of pelvis  
 Both hip  
 LA P  
 ✓ Tab Pregabalin (75) + NT ✓  
 ✓ OTg Betaheslum (16)  
 ✓ OTc Deflazacort (6)  
 08/13/2018 12:07  
 20PP 100

