

West Bengal Form No. 815

Register No.

# J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Rina Mondal ..... Age..... 48 ..... Sex..... F .....

Address..... PA-12541 .....

Physician/Surgeon..... V.I. ..... Ward..... FMW .....

No. of Bed Cabin..... 12 ..... Paying / Non-Paying.....

Brief history of case

Clinical Diagnosis  
 Particular Point to be investigated.  
 Instruction

MRI - Brain

Date- 19/08/19

[Signature]  
19/08/19

Signature

## REPORT

2549  
40kg  
8981411340

Medical Officer  
 J.N.M. Hospital  
 Kalyani, West Bengal

118079

JNM

Hospital

Kly

Health District,

Nadiya

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Rina Mondal Age: 18 Sex: F

Address: Nakashipara

Register Id: 17541 Date: 19/7/18

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

*Kakali Mondal*

Signature of the Patient

Superintendent

Hospital

Health District, District