

No.-001

118003

Dialysis / Digital X-Ray / CT Scan

JMM

WJ

Health District

Hospital

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Jubira Surana

Age: 50 Sex: F

Address: Chardaha

Register Id: 2093

Date: 20/8/18

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

Poehal Halder

Signature of the Patient

Superintendent

Hospital

Health District,

District

User Name: GENERAL

Monday

JNMM/RG1800102193

20-08-2018

JNMM/OR1800090199

Time: 11:09AM

Visit No.

TM.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Sudhakar Shankar Age..... 50 Sex..... M

Address.....

Physician/Surgeon..... 18700182195 Ward..... RTS

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

Brief history of case dilated CBD

Clinical Diagnosis
Particular Point to be investigated.
Instruction MRCP

Date- _____ Signature [Signature]

REPORT

2553

584g

629103050

User Name : GENERAL
 Paid Forpeas : 2
 Monday
 JNMM/RG1800102193
 20-08-2018
 JNMM/OR1800090199
 Time: 11:09AM

Visit No. : 4
 TM,

[Stamp]
[Stamp]
[Stamp]

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

SURGICAL FEMALE 56

User Name : GENERAL

Name : JUTHIKA SARKER Regd. No. : [JNMM/RG1800102193] Day : Monday
 Sex : Female Age : 50 Yrs. 0 Months 0 Days Paid Rupees : 2
 Ref. From : Reg. Date : 20-08-2018
 Card No. : JNMM/OR1800090199
 Visit Date : 20-08-2018 Time : 11:09AM

Visit No. : 1	Department : SURGICAL FEMALE	Entry No. :
Doctor/Unit Name (DOW) :	Dr.RASHBIHARI HEMBRAM	
Room No. :	12	

Visit No. : 2	Visit Date : TM.	Department :	Doctor/Unit :	Entry No. :
Visit No. : 3	Visit Date : TM.	Department :	Doctor/Unit :	Entry No. :

ADVICE

Clinical Notes
 20/8/18
 Q: Pain epigastric
 for 1 mth. i.e
 vomiting.
 Not associated food.
 USG:
 CBD - 7mm

← BI. ↑ LFT.
 ← MRCP.
 ← UG/Endoscopy.
 ← Td radprong de
 OD x
 Pancreatoflat.
 TDP
 Dr. An DS
 1 ↓