

118088

Jmm

Hospital

Wb

Health District, Nadia District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Shanshah Age: 27 Sex: M

Address: Haringhata

Register Id: 1665 Date: 20/8/18

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

Shanshah

Signature of the Patient

Superintendent

Hospital

Health District, District

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Shamshah Age..... 27 Sex..... M

Address..... 99, 800/1, 57665

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

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI (R) Shoulder

Date- 20/8/17

[Signature]
Signature

REPORT

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

2558 79kg
9932685411

COLLEGE OF MEDICINE & JNM HOSPITAL
WEST BENGAL UNIVERSITY OF HEALTH SCIENCES
KALYANI, NADIA, PIN - 741 235

MALE ORTHOPEDIC 81

User Name : GENERAL

Paid Rupees : 2

| | | |
|--|---------------------------------|------------------------------|
| Name : SHANSHAH | Regd. No. : [JNMM/RG1800101665] | Day : Monday |
| Sex : Male | Age : 27 Yrs. 0 Months 0 Days | Reg. No. : JNMM/RG1800101665 |
| Ref. From : | | Reg. Date : 20-08-2018 |
| | | Card No. : JNMM/OR1800089685 |
| Visit No. : 1 Department : MALE ORTHOPEDIC | Visit Date : 20-08-2018 | Time : 10:05AM |
| 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. : 4 | Department : TM. | Doctor/Unit : | Entry No. : |

| Clinical Notes | ADVICE |
|---|--|
| <p>Chronic dislocation of shoulder joint (R) Trauma. 13 years back X-ray - was</p> <p>H/O Recurrent dislocation of shoulder (R)</p> | <p>T: Pem (500/650) Acp- T: I buprofen(200/400)- T: Fm (20/40) Rab 20 Antacid T: Pan (40/D) omez (20)- T: Coamony elcv (625/375)- T: Vit BC- T: cifron (500/250)-</p> <p>x-ray (R) shoulder joint ← AP Lat</p> <p align="center"> Medical Officer Com & JNM Hospital (W.B.U.H.S.) Kalyani, Nadia </p> <p>Shoulder ROM + Capsular stretch rx - 8/20/18</p> <p>- LMR (R) - Check</p> <p>- CT scan of (R) Shoulder</p> <p>- 3-D Reconstruction - DIGITAL</p> <p align="right">08/20/2018 10:06 AM</p> <p align="center">SUBTRACTION OF HUMERAL</p> |

AGAD

- R/O to surgery 5.8.18