

No.-001

Dialysis / Digital X-Ray / CT Scan

118092

JMM

Hospital

Health District,

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Milon Mitra Roy Age: 68 Sex: M

Address: Ranaghat

Register Id: 02691 Date: 20/8/18

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

Sunanda Mitra Roy

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 Milon Mitra Roy Age 68y Sex M

Address Rm 18 mo 02691

Physician/Surgeon..... Ward Chest opd

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

Brief history of case

M.R.T L-S Spine

Clinical Diagnosis

Particular Point to be investigated.

Instruction

Date- 20/8/18

Amir A. K. Khan
Signature

REPORT

DR. A. K. KHAN
MD(Chest Medicine)
RMO cum Clinical Tutor
Department of Chest Medicine
College of Medicine & JNM Hospital
WBUHS, Kalyani

2562
947582648

42/18

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Milon mitra Ray Age..... 58y Sex..... MA F

Address..... Rw-1800 02691

Physician/Surgeon..... Ward..... Chest opd

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

Brief history of case
m.i.t of brain

Clinical Diagnosis
Particular Point to be investigated.
Instruction

Date- 20/8/18

Dr. A. K. Khan
Signature

REPORT

DR. A. K. KHAN
MD(Chest Medicine)
RMO cum Clinical Tutor
Department of Chest Medicine
College of Medicine & JNM Hospital
WBUHS, Kalyani

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

CHEST 139

| | | | |
|--------------------------|---|------------------------------|--|
| Name : MILON MITRA ROY | Regd. No. : [JNMM/RG1800102691] | Day : Monday | User Name : GENERAL Paid Rupees : 2 |
| Sex : Male | Age : 68 Yrs. 0 Months 0 Days | Reg. No. : JNMM/RG1800102691 | Reg. Date : 20-08-2018 |
| Ref. From : | | Card No. : JNMM/OR1800090683 | Time : 12:07PM |
| Visit No. : 1 | Department : CHEST | Visit Date : 20-08-2018 | |
| Doctor/Unit Name (DOW) : | Dr.D.PAL/Dr.INDRANIL HALDER/Dr.ANISH KR. KHAN | | |
| Room No. : | 17 | Entry No. : | |

| | | | | | |
|--|----------------------|--|----------------------|--|----------------------|
| Visit Date : Department : Doctor/Unit : Entry No. : | Visit No. : 2 TM. | Visit Date : Department : Doctor/Unit : Entry No. : | Visit No. : 3 TM. | Visit Date : Department : Doctor/Unit : Entry No. : | Visit No. : 4 TM. |
|--|----------------------|--|----------------------|--|----------------------|

| Clinical Notes | ADVICE |
|---|--|
| <p>20/8/18</p> <p><i>(L10C011)</i></p> <p><i>40 -> LBP</i></p> | <p>BLOOD FOR Hb TO DO ESR BT Cl</p> <p>Sugar (F & PP) Urea, Creatinine</p> <p>CXR.....PA view</p> <p>ECG.....12 Leads</p> <p>USG.....</p> <p>TSH / T3 / T4 / FT3 / FT4</p> <p align="right"><i>Adv</i></p> <p align="center"> <ol style="list-style-type: none"> 1) MRI - L-S Spine 2) MRI Brain 3) HRET Throat </p> <p><i>Refd Tab Gabapentin</i></p> <p><i>Mas of at HS (3rd)</i></p> <p><i>x 15 d</i></p> <p><i>Cont Inhaled Med</i></p> <p><i>x 3 -</i></p> <p><i>Refd to Neurosurgery</i></p> <p><i>of Jay Shree Medical College</i></p> <p align="right"><i>Adv</i></p> |