

# J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... HASHI SARKAR ..... Age..... 5 yrs Sex..... F .....  
 Address..... PA - 180001, 2864 .....  
 Physician/Surgeon..... Unit I ..... Ward..... F.M.W .....  
 No. of Bed Cabin..... 28 ..... Paying / Non-Paying.....

Brief history of case Atad of lesion.

Clinical Diagnosis

Particular Point to be investigated.

Instruction

MRI of brain

Date- 21/8/18

*[Signature]*  
 Signature 21/8/18

## REPORT

7076307334  
Haisyhata

Medical Officer  
 J.N.M Hospital  
 Kalyani Nadia

No.-001

Dialysis / Digital X-Ray / CT Scan

118100

JMM

Hospital

Wyo

Health District,

Nudito

District


Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Hashi Sarker Age: 50 Sex: A

Address: Haringhata

Register Id: PA1800012864 Date: 21/8/16

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



Signature of the Patient

Superintendent

Hospital

Health District, District