

No.-001

Dialysis / Digital X-Ray / CT Scan

118103

DMW

Hospital

WU

Health District,

NWDT

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Santu Sankar Age: 25 Sex: M

Address: Santipur

Register Id: 4473 Date: 21/8/18

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

Rupr Chaudhry

Signature of the Patient

Superintendent

Hospital

Health District,

District

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name Santa Sarkar Age 25 Sex M

Address 25, 1800104473

Physician/Surgeon _____ Ward M-ortho

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI Brain +
Both orbit

Date-

Signature

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

REPORT

2573

60kg
74777 19099

**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**

MALE MEDICINE 119

User Name : DEBASISH
Paid Rupees : 25
Tuesday

[JNMM/RG1800104473]

Name : SANTU SARKAR	Regd. No. :	Day :
Sex : Male	Months : 0	Reg. No. : JNMM/RG1800104473
Age : 25	Days :	Reg. Date : JNMM/DR1800092296
Ref. From :	MALE MEDICINE	Card No. : 21-08-2018
Visit No. : 1	Dr. SOMAK KR. DAS	Time : 11:14AM
Department :	2	Visit Date :
Doctor/Unit Name (DOW) :	Entry No. :	
Room No. :		

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

Clinical Notes	ADVICE
<p>40 - Severe headache for 2 yrs. bl - orbit mild Diplopia</p>	<p>Adv - MRI BRAIN + bl orbit</p> <p>His - fracture - 25 - incident</p> <p>Ref after 1 wk</p> <p>SD 4/08/18</p>