

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

3757

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Soman Bhattacharjee Age..... 56y Sex..... M

Address.....

Physician/Surgeon..... Ward..... OPD

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI of (L) wrist

Date- 21-8-19

B. P. B. Berman
Medical Officer
Signature
College of Medical Education, J.N.M. Hospital
W. B. U. H. S
Kalyani, Nadia

REPORT

2577
60kg

9932478076

**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 ORTHOPEDIC 26

Name :	SUMAN BHATTACHERJEE	Regd. No. :	JNMM/RG1800103757	Day :	Tuesday
Sex :	Male	Months :	0	Reg. Date :	JNMM/RG1800103757
Ref. From :	Male	Days :	0	Card No. :	21-08-2018
Age :	56	Months :	0	Visit Date :	21-08-2018
Visit No. :	1	Department :	MALE ORTHOPEDIC	Entry No. :	
Doctor/Unit Name (DOW) :	Dr. AJAY KUMAR/Dr. ANIRUDDHA DAS		Visit Date :	21-08-2018	
Room No. :			Time :	09:37AM	

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.
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Clinical Notes	ADVICE
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">21/8/18</div>	<div style="border: 1px solid black; padding: 10px;"> <p align="center">(A30)</p> <p>T. Pem (500/650) Acp- T. I buprofen (200/400) T. Fm (20/40) Rab 20 Antecid → T. Pan (40/D) amez (20)- T. Coamony elcv (625/375)- T. Vit BC- T. cifron (500/250)-</p> <p align="center">(A30)</p> <p align="center">← MRI of (L) wrist.</p> <p align="right">Bipol Bar</p> </div>