

No.-001

Dialysis / Digital X-Ray / CT Scan

118163

J.O.V.M

Hospital

KLX

Health District

NADTA

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name :

Anuja Mondal

Age : 1

Sex : F

Address :

Kly

Register Id :

13237

Date :

24/8/18

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

Anuja Mondal

Signature of the Patient

Superintendent

Hospital

Health District,

District

No.

PA 13237

F

KLX

.....

Kly

Medicine & ...  
Jal Kalyan ...  
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Kly

West Bengal Form No. 815

Register No.

# J. N. M. HOSPITAL, KALYANI

PA 13 237

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Gurja Mondal ..... Age..... 14 ..... Sex..... F .....

Address..... PA 13 237 .....

Physician/Surgeon..... unit IV ..... Ward..... Pediatrics .....

No. of Bed Cabin..... 1 ..... Paying / Non-Paying.....

Brief history of case

Generalized seizure disorder

Clinical Diagnosis

Particular Point to be investigated.

Instruction

MRI Brain

Date- 28-8-18

Signature [Signature]  
College of Medicine &  
J. N. M. Hospital Kalyani  
Nadia

## REPORT

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905150 @ 3230

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