

No.-001

Dialysis / Digital X-Ray / CT Scan

118167

KLY J. V. M. N

Hospital

Health District, NADIA District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Shyamal Roy Age: 30 Sex: M

Address: Chandak

Register Id: 3178 Date: 24/8/18

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

Signature of the Patient

✓

Signature of the Patient

Superintendent

Hospital

Health District, District

2636

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Shyamal Roy Age..... 30y Sex..... M

Address..... DA - 3178 Ward..... MSW

Physician/Surgeon..... MSW - DA Paying / Non-Paying.....

No. of Bed Cabin..... 38

Brief history of case cholecystitis + cholelithiasis

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRCP

Date- 22/8/18

[Signature]

Signature

REPORT

48KP
7501327378
Chandra

2636