

Name : DULAL MAJUMDER	Regd. No. : JNM/RG1800108663	Regd. Date : 24-08-2018	Reg. No. : JNM/RG1800108663
Sex : Female	Age : 65 yrs.	0 Months 0 Days	Day : Friday
Ref. From :	Doctor/Unit Name (DOW) : FEMALE ORTHOPAEDIC	Card No. : JNM/R1800095849	Reg. Date : 24-08-2018
Visit No. : 1	Department : DR. JAY KUMAR/D.SUNETRA RO/DHARMS BISWAS	Time : 11:54 AM	Entry No. :

Visit No. : 2	Department : TM	Visit Date :	Entry No. :
Doctor/Unit :	Department :	Visit No. : 3	Entry No. :
Doctor/Unit :	Department :	Visit No. : 4	Entry No. :

Clinical Notes	ADVICE
<p>90 less back</p>	<p>- X-ray lumbar spine</p> <p>- MRI of lumbar spine</p> <p>- Blood for CBC, FBS, PPS, TSH</p> <p>Dr. U.S.</p> <p>TSH</p>

08/24/2018 11:16 AM

1 of 1

240

60 kg
8013867378
26/8

REPORT

Medical Officer
J.N.M. Hospital
Kalyani, Nadia
(M.B.B.S.)
Signature



Date- 24/8/17

MR of knee joint

Clinical Diagnosis
Particular Point to be investigated.
Instruction

Brief history of case

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

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

Address.....

Name..... Age..... Sex.....

J. N. M. HOSPITAL, KALYANI
ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Register No.

West Bengal Form No. 815

118179

Hospital _____

Health District, _____ District _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Dulali Majumdar Age: 65 Sex: F

Address: Kaly

Register Id: 95849 Date: 24/8/18

Received the services and I
have not paid any amount for
the service.
Sapna Biswas
Signature of the Patient

Superintendent

Hospital _____

Health District, _____ District _____