

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI PA13943
ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Jadhishin Choudhury Age..... 57y Sex..... M
Address.....
Physician/Surgeon..... Unit VI Ward..... MMW
No. of Bed Cabin..... Paying / Non-Paying.....

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI brain

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

Date- 26/8/18

REPORT

2670
65kg
9088215423
262

No.-001

Dialysis / Digital X-Ray / CT Scan

118201

JNM

Hospital

kly

Health District, Nadia

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Judhis thir

Age: 57

Sex: M

Address: kly

choudhury

Register Id: PA-13943

Date: 20/8/18

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

Riswanti Das

Signature of the Patient

Superintendent

Hospital

Health District, District