

118207

Hospital

Health District,

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Chandana Ray Age: 42 Sex: F

Address: _____

Register Id: 102391 Date: 27/8/18

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

शुभिर राय

Signature of the Patient

Superintendent

Hospital

Health District,

District

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name Chandana Roy Age 42 Sex F

Address.....

Physician/Surgeon..... Ward EB OPD

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

Brief history of case Dilated CB, c. cal. Choleliths

Clinical Diagnosis
Particular Point to be investigated. MRECP

Instruction

Date- 20/8/18

B
Signature

REPORT

2676

8670951709

Aranyaprasad

46 Kg

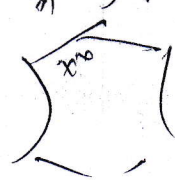
DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
OPD Patient Card
COLLEGE OF MEDICINE & JNM HOSPITAL
WEST BENGAL UNIVERSITY OF HEALTH SCIENCES
KALYANI, NADIA, PIN - 741 235

SURGICAL FEMALE 67

User Name : BIDYUT
Paid Amount : 3

| | | |
|---|-------------------------------|------------------------------|
| Name : CHANDANA ROY | Regd. No. : JNMM/RG1800102391 | Day : Monday |
| Sex : Female | Age : 42 Yrs. 0 Months 0 Days | Reg. No. : JNMM/RG1800102391 |
| Ref. From : | | Reg. Date : 20-08-2018 |
| | | Card No. : JNMM/RG1800090392 |
| Visit No. : 1 | Department : SURGICAL FEMALE | Visit Date : 20-08-2018 |
| Doctor/Unit Name (DOW) : Dr. RASHBIHARI HEMBRAM | | Time : 11:31 AM |
| Room No. : 12 | Entry No. : | |

| | | | | | |
|--|----------------------|--|----------------------|--|----------------------|
| 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. |
|--|----------------------|--|----------------------|--|----------------------|

| Clinical Notes | ADVICE |
|--|--|
| <p>20/8/18</p> <p>C/O: pain upper abd. 2 mcs back ↑ freq. of mict ↑ freq. of mict</p> <p>OTB</p>  <p>USA: Ac Cal. Chol. dilated CBD</p> | <p>MRCF.</p> <p>BL for Hb + Cal ESR</p> <p>S(F)(PP) Ur, Cr</p> <p>Serology</p> <p>33</p> <p>ECG - PAVCO.</p> <p>ECG - 12 leads</p> <p>Tel. Cipam (500) - RD x 5d</p> <p>Tel. omepr. (20) - RD x 10d</p> <p>Tel. Aceclof. + PAM - RD x 5d</p> <p>Flu T report</p> |