

No.-001

Dialysis / Digital X-Ray / CT Scan

118217

J. N. M.

Hospital

Kly

Health District,

Nadia

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name:

Maju Mondal

Age:

37

Sex:

M

Address:

Chakdaha

Register Id:

112583

Date:

27/8/18

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

[Handwritten Signature]

Signature of the Patient

Superintendent

Hospital

Health District,

District

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Mr. Jee Mondal Age..... 37 Sex..... M

Address.....

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

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

Brief history of case

Clinical Diagnosis

Particular Point to be investigated.

Instruction

*MRI of (L5)
Spine (Mondal)*

Date 27/10/18

Manas Ranjit Saha

Signature

REPORT

2686

9144198521

40 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**

FEMALE ORTHOPAEDIC 242

User Name : TAPAN KUMAR GHOSH
Paid Rupees : 2

| | | |
|-----------------------------------------------------------|---------------------------------|------------------------------|
| Name : MAJU MONDAL | Regd. No. : JNMM/RG1800112583 | Day : Monday |
| Sex : male | Age : 37 Yrs. 0 Months 0 Days | Reg. No. : JNMM/RG1800112583 |
| Ref. From : | Reg. Date : 27-08-2018 | Card No. : JNMM/OR1800099108 |
| Visit No. : 1 | Department : FEMALE ORTHOPAEDIC | Visit Date : 27-08-2018 |
| Doctor/Unit Name (DOW) : Dr. AJAY KUMAR/Dr. ANIRUDDHA DAS | Room No. : 5 | Time : 12:12 PM |
| Entry No. : | | |

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

| Clinical Notes | ADVICE |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>27/8</p> <p><u>LSIS</u> <u>Pms#</u></p> <p><u>Small Abscess</u></p> | <p>T. Pam (500/650) Acq-1 <u>Amc</u> x 10</p> <p>T. I buprotan (200/400) - <u>Amc</u> x 10</p> <p>T. Fm (20/40) Rab 20 Antacid - <u>Amc</u> x 10</p> <p>T. Pan (40/D) omez (20) - <u>Amc</u> x 10</p> <p>T. Coamony elcv (625/375)</p> <p>T. Vit BC-</p> <p>T. cifron (500/250)</p> <p><u>Refer to ER</u></p> <p><u>MRI of LS</u></p> <p><u>Use LS belt</u></p> <p><u>OTel Rongaban</u></p> <p><u>OTel Myolop SA (450)</u></p> <p>08/27/2018 12:14 PM</p> <p>20/4</p> |