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 115

User Name : TAPAN KUMAR GHOSH
Paid Rupees : 2

Name : ANJALI BAR
Regd. No. : JNMM/RG1800111811
Day : Monday
Sex : Female Age : 50 Yrs. 0 Months 0 Days
Reg. No. : JNMM/RG1800111811
Reg. Date : 27-08-2018
Card No. : JNMM/OR1800098361
Ref. From :
Visit Date 27-08-2018 Time: 10:28AM
Visit No. : 1 Department : FEMALE ORTHOPAEDIC
Doctor/Unit Name (DOW) : Dr.AJAY KUMAR/Dr.ANIRUDDHA DAS 5
Entry No. :
Room No.

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

Clinical Notes	ADVICE
28/08/18 (2) (Lt) Glomus Tumour of (Index finger)	Adv (urgent) MRI of (Lt) Index finger (c hand) Urgent to exclude glomus

Dr. Manas Kanti Saumoy

Medical Officer
College of Medicine & J.N.M. Hospital
W. B. U. H. S.
Kalyani, Nadia

08/27/2018 10:30 AM

We. engal Form No. 815 Register No.

Urgent !!

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

18 11

Name: Anjali Bay Age: 50 y Sex: F

Address:

Physician/Surgeon: Ward: O (OPD)

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI of of (Lt) Index finger (Lt hand). To exclude GLOMUS TUMOR (Noncontrast)

Date– 27. 8. 18

Signature

Medical Officer
College of Medicine & J.N.M. Hospital
W. B. U. H. S
Kalyani, Nadia

REPORT

27/08h

68 kg

26 94

6295144524

286

No.–001 Dialysis / Digital X-Ray / CT Scan

118225

J.N.M Hospital

Kly Health District, Nadia District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name : Anjali Bar Age : 50 Sex : F

Address : Hanskhali

Register Id : 1811 Date : 27-08-18

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

Sankar Kumar Biswas

Signature of the Patient

Superintendent

__________ Hospital

__________ Health District, __________ District