

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 107

MONIKA BALA

[JNM/RG1800109413]

User Name : GENERAL
 Paid Rupees 7
 Friday

| | | | | | | |
|----------------------------|---|--------|-------------|------------------|--------------|------------|
| Name | : | Female | Age : | 55 Yrs. | 0 Regd. No.: | Days |
| Sex | : | Female | Ref. From : | | Reg. No. : | 24-08-2018 |
| Ref. From : | | | Reg. Date : | JNM/OR1800096575 | Card No. : | 24-08-2018 |
| Visit No. : 1 Department : | | | Visit Date | | Entry No. : | |
| Doctor/Unit Name (DOW) : | | | Visit Date | | Entry No. : | |
| Room No. : | | | Visit Date | | Entry No. : | |

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

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

| | |
|---------------|-----|
| Visit No. : | TM. |
| Department : | |
| Doctor/Unit : | |
| Entry No. : | |

| ADVICE | Clinical Notes |
|--|---|
| <p>✓ W.R.I L.S. Spine</p> <p>✓ Carb Pantoid D on empty stomach</p> <p>× 10 days</p> <p>✓ Carb Dextrose 6mg @ × 10 days</p> <p>✓ Carb R-tinine 120mg @ × 10 days</p> <p>✓ Carb osaline (top) once a week × 4 wks</p> <p>✓ Review report</p> | <p>✓ L.H.F @ (R+) LL radioculopathy</p> <p>✓ W.B.I recent trauma</p> <p>✓ Tenderness in L2-L3</p> |

Medical Officer
 Com & JNM Hospital
 (W.B.U.H.S.)
 Kalyani, Nadia

08/24/2018 1

1 of 1

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name: Monika Bala Age: 55 Sex: F

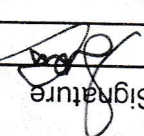
Address: 109413
Physician/Surgeon: F.S. (OPD)
Ward: F.S. (OPD)

No. of Bed Cabin:
Paying / Non-Paying:
Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction
MRI L/S Spine

REPORT

Signature



287

2695
STK
9681805610

J. N. M
Hospital _____
District _____
Health District, _____
Nadia

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Menika Bala Age: 55 Sex: F

Address: Kiy

Register Id: 109413 Date: 27/8/18

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

Superintendent

Hospital _____
Health District, _____
District _____