

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Ram Das Age..... 40 Sex..... M

Address.....

Physician/Surgeon..... 26280 Ward..... [Signature]

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI w / Abd

Date-

[Signature]
Signature Officer
Com J.N.M Hospital
(W.B.U.H.S.)
Kalyani, Nadia

REPORT

2696
55kg
9330988887

288

No.-10

Dialysis / Digital X-Ray / CT Scan

J. N. M

Hospital

Kly

Health District,

Madia

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Ram Das Age: 40 Sex: M

Address: Jagaddal

Register Id: 26280 Date: 27/8/18

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

Md. Sajid

Signature of the Patient

Superintendent

Hospital

Health District,

District