

Legal Form No. 815

Register No.

# J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Binod kr Meena Age..... 28 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 L-spin*

Date- *14/8/17*

*SA*  
Signature

## REPORT

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

*2479 / 118008*

*63.7*

*kly 9749399245*

GENERAL  
esday  
0094949  
8-2018  
0084085  
10:57AM

isit No. : 4  
TM.

**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**

MALE ORTHOPEDIC 108

User Name : GENERAL

Name : VIN&D KR MEENA	Regd. No. : [JNMM/RG1800094949]	Day : Tuesday
Sex : Male	Age : 28 Yrs. 0 Months 0 Days	Reg. No. : JNMM/RG1800094949
Ref. From :		Reg. Date : 14-08-2018
		Card No. : JNMM/OR1800084085
Visit No. : 1	Department : MALE ORTHOPEDIC	Visit Date : 14-08-2018
Doctor/Unit Name (DOW) :	Dr. AJAY KUMAR/Dr. ANIRUDDHA DAS	Time : 10:57AM
Room No. : 4	Entry No. :	

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

Clinical Notes	ADVICE
<p><i>14/8/18</i></p> <p><u>F/M/C</u></p> <p>MRI of L spine</p> <p>⊕</p> <p>PIVD L3-L4, L4-L5</p> <p>↳ Radiculopathy</p> <p><u>07/0/18</u></p>	<p>T. Pam (500/50) Acp- <i>Has BDPX 100</i></p> <p>T. I buprofen (200/400)-</p> <p>T. Fm (20/40) Rab 20 Antacid- <i>Has DAC X100</i></p> <p>T. Pan (40/D) omez (20)-</p> <p>T. Coamony elcv (825/375)-</p> <p>T. Vit BC-</p> <p>T. citron (500/250)-</p> <p><u>Adv</u></p> <p>- MRI L spine</p> <p><i>Am</i></p>