

No.-001

Dialysis / Digital X-Ray / CT Scan

101505

118128

Hospital

Health District,

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name:

Shibu Debnath

Age:

48

Sex:

M

Address:

Chavadur

Register Id:

1505

Date:

22/8/18

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

Signature of the Patient

Superintendent

Hospital

Health District,

District

ERAL

day

1505

2018

09530

043AM

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TM.

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N.M. Hour
S
dia

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name Shibu Debnath. Age 48 Sex M.

Address.....

Physician/Surgeon..... Ward ortho(OPD)

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI of LS spine.

W. B. U. H. S

Date- 20/8/18.

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

REPORT

4013564669

Chok

2597

50kg

ERAL
day
1505
2018
9530
43AM
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 60

Name : SHABU DEBNATH	Regd. No. : [JNMM/RG1800101505]	Day : Monday	User Name : GENERAL
Sex : Male	Age : 48 Yrs. 0 Months 0 Days	Reg. No. : jNMM/RG1800101505	Paid Rupees : 2
Ref. From :		Reg. Date : 20-08-2018	
Visit No. : 1	Department : MALE ORTHOPEDIC	Card No. : jNMM/OR1800089530	
Doctor/Unit Name (DOW) :	Dr. AJAY KUMAR/Dr. SUBHRAJYOTI SHIL/Dr. SUJOY DAS	Visit Date : 20-08-2018	Time : 09:43AM
Room No. :	4	Entry No. :	

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

Clinical Notes	ADVICE
<p align="center">20/8</p> <p>Chu LBD Nox vapoury to T/A</p>	<p>T. Pam (500/650) ACP*</p> <p>T. I buprofen(200/400)*</p> <p>T. Fm (20/40) Rab 20 Antacid</p> <p>T. Pan (40/D) omez (20)-</p> <p>T. Coamony elcv (625/375)-</p> <p>T. Vit BC-</p> <p>T. cifren (500/250)-</p> <p>— MRI usg done.</p> <p>— Cont omni antibiotic</p> <p>← MVU e MRI /scr</p> <p align="right">C-SU</p> <p align="right">Medical Officer College of Medicine & J.N.M. Hospital W. B. U. H. S Kalyani, Nadia</p>