

No.-001

Dialysis / Digital X-Ray / CT Scan

118129

Hospital

Health District, District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Sujoy Roy Age: 25 Sex: DM

Address:

Register Id: 1800101283 Date: 22/8/18

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

Sujoy Roy

Signature of the Patient

Superintendent

Hospital

Health District, District

75K8

ARE

CES

Day : Monday

No. : JNM/JRG160010128

Date : 20-08-2018

No. : JNM Time:0008931

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Unit :

Medical Officer
Hospital
(S.)
Kalyani

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

20/8/18

09/20/2018 09:16

No.-001

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118129

Hospital

Health District, District

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Patient Name: Sujoy Roy Age: 25 Sex: Male

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Health District, District

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Medical Officer
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Kalyani

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

20/8/18

1 of 1

01/20/2010 09:16

Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Sujoy Roy Age 25 Sex M

Address..... P.O. - 1800107283

Physician/Surgeon..... Ward omn

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

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

MRI Personal Request

Date- 20/8/18

[Signature]
20/8/18

Signature

REPORT

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

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75kg*

ARE

CES

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20-08-
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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

11

MALE ORTHOPEDIC 22

Name :	Sex :	Age :	Yrs.	Regd. No. :	Days	Day :
Ref. From :	Male	25		Months		
Visit No. : 1	Department :	Reg. No. :				
Doctor/Unit Name (DOW) :		Reg. Date :				
Room No.		Card No. :				

Visit Date :	Visit No. : 2	Entry No. : 20-08-2018
Department :	TM.	
Doctor/Unit :		
Entry No. :		

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

Clinical Notes

Pilonidal sinus

ADVICE

MRI perianal region.

Roxithromycin (20)

Renew with report

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

29/8/18

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MALE ORTHOPEDIC 22

Name : _____
 Sex : _____
 Ref. From : _____ Age : _____ Yrs. _____ Months _____ Days _____
 Regd. No. : _____
 Reg. No. : _____
 Reg. Date : _____
 Card No. : _____
 Visit No. : 1 Department : _____
 Doctor/Unit Name (DOW) : _____
 Room No. : _____
 Visit Date : _____
 Entry No. : 20-08-2018
 Time: 000000

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

Pilonidal sinus

ADVICE

MRI perianal region.

Rx Ranepazole (20)

Review with report

1 Feb 2018

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

29/8/18