No.–001 Dialysis / Digital X-Ray / CT Scan

118139

_____ Hospital

_____ Health District, _____ District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name : Subhadra Sarkar Age : 27 Sex : m

Address : Hansakheda

Register Id : 1469 Date : 22/8/18

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

Subhadra Sarkar

Signature of the Patient

Superintendent

_____ Hospital

_____ Health District, _____ District

West Bengal Form No. 815 RN- 61469 Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name: Subhadu Sarkar Age: 27 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 of Perianal region

Date– 20/08/18 Signature

REPORT

Hanskhali
41 kg
7872366269

RE

CES

User Name : DEBAS
Paid Rupees :
691 Day : Mond
No. : JNMM/RG1800101
Date : 20-08-20
No. : JNMM/OR1800089
018 Time: 09:3

Visit N
Date : TM
tment :
r/Unit :
No. :

nal region.

– Urts Bpex

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 MALE 22

Name : SUBHANDU SARKAR
Sex : Male
Ref. From :
Age : 27 Yrs. 0 Months 0 Days
Regd. No. : [JNMM/RG1800101469]
Day :
Reg. No. : JNMM/RG1800
Reg. Date : 20-08
Card No. : JNMM/OR1800

Visit No. : 1 Department : SURGICAL MALE
Doctor/Unit Name (DOW) : Dr.BIDYUT KUMAR BISWAS
Room No. 13
Visit Date 20-08-2018
Time:
Entry No. :

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

Clinical Notes	ADVICE
c/o perianal fistula.	Adv. — MRI of Perianal region. — Britz bath. — T. Ciprom (500) — 1 tab BD PC x

08/20/2018