

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

338

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Sipra Saha Age..... 55 Sex..... F
 Address.....
 Physician/Surgeon..... Ward..... (U PD)
 No. of Bed Cabin..... Paying / Non-Paying.....

Brief history of case

Clinical Diagnosis
 Particular Point to be investigated.
 Instruction

MRI of (L-S) spine

Date- 21.8.18

bs. 2128
 Medical Officer
 College of Medicine & J.N.M. Hospital
 W. B. India
 Kalyani, Nadia

Signature

REPORT


78kg
 2607
 9883244220

**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**

FEMALE ORTHOPAEDIC 244

Name : SIPRA SAHA	Regd. No. : [JNMM/RG1800105338]	Day : Tuesday
Sex : Female	Age : 55 Yrs. 0 Months 0 Days	Reg. No. : JNMM/RG1800105338
Ref. From :		Reg. Date : 21-08-2018
Visit No. : 1	Department : FEMALE ORTHOPAEDIC	Card No. : JNMM/OR1800093129
Doctor/Unit Name (DOW) : Dr. AJAY KUMAR/Dr. ARNAB BISWAS	Visit Date : 21-08-2018	Time : 01:22PM
Room No. : 5	Entry No. :	

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

Clinical Notes	ADVICE
<p>21/8 C/O: Pain Numbness at Rt. leg.</p>	<p>pt. not seen. (Staff) MRI of LS spine.</p> <p align="right">  21/8 Medical Officer College of Medicine & J.N.M. Hospital W. B. U. H. S Kalyani, Nadia </p>