

No.-001

Dialysis / Digital X-Ray / CT Scan

118145

J.V.M

KLY

Health District,

WADIA

Hospital

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Harilal Mallick Age: 23 Sex: M

Address:

Register Id: PA 13201 Date: 22/8/18

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

Signature of the Patient

Signature of the Patient

Superintendent

Hospital

Health District,

District

No.

M

W

Fever.

Urgent)

K Mal

er
icine &

Xalyant

e

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Harital Mallick Age..... 23 year Sex..... M

Address..... PA 13201

Physician/Surgeon..... Unit II Ward..... MMW

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

Brief history of case Repeated convulsions & fever.

Clinical Diagnosis

Particular Point to be investigated.

Instruction

MRI Brain (Urgent)

Pratik Mal
College of Medicine &
J. N. M. Hospital, Kalyani

Signature

Date- 22/8/18

REPORT

8584012878

ky