

No.-001

Dialysis / Digital X-Ray / CT Scan

118147

J.V.M

Hospital

KLY

Health District

NADIA

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name :

Hasina Mondol

Age :

60

Sex :

F

Address :

Kahni

Register Id :

320

Date :

23/8/18

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

Komal Hasina Mondol

Signature of the Patient

Superintendent

Hospital

Health District,

District

# J. N. M. HOSPITAL, KALYANI

320

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Hastina Mondal ..... Age..... 60y ..... Sex..... F .....

Address.....

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

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

Brief history of case

Clinical Diagnosis  
Particular Point to be investigated.  
Instruction

*not lesion  
Screening of Dorsal  
Spine*

Date- 20-8-18

*20/8/18 Dr. S.P.*  
Signature  
Medical Officer  
College of Medicine & J.N.M. Hospital  
W. B. U. H. S  
Kalyani, Nadia

## REPORT

*9836809610  
Kalyani*

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 -741235

| Clinical Notes                          | ADVICE  |
|---|---|
| <p>04/08/18</p>                         | <p> <del>           T. Pam (500/650) Acp-<br/>           T. Naproten (200/400)<br/>           T. Fm (20/40) Rab 20 Antacid<br/>           T. Pan (40/D) omez (20)<br/>           T. Coamony elcv (825/375)<br/>           T. Vit B12<br/>           T. cifron (500/250)         </del> <br/>           T. methylcobalam (1500) Afeb<br/>           ODX 1 month         </p> |
| <p>20-8-18</p> <p>Pain not relieved</p> | <p>           MRI of Cervical spine<br/>           Screened for Dural<br/>           T. Pam 4g TORCASA<br/>           Afeb 1500 mg / day<br/>           ODX 1 month         </p>  |