

No.-001

Dialysis / Digital X-Ray / CT Scan

118154

J.N.M

KLY

Hospital

Health District, NADIA District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Paly Majumdar Age: 17 Sex: F

Address: Dhanatale

Register Id: P/ 13368 Date: 23/8/18

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

[Handwritten Signature]

Signature of the Patient

Superintendent

Hospital

Health District, District

X... F
...
... W
...

[Handwritten Signature]
Medical Officer
J.N.M. Hospital
Nadiya Nadia

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Poly Majumder Age..... 17yrs Sex..... F

Address..... PA-13368

Physician/Surgeon..... unit-III Ward..... FMW

No. of Bed Cabin..... 15 Paying / Non-Paying.....

Brief history of case

MRI Brain

Clinical Diagnosis

Particular Point to be investigated.

Instruction

[Signature]
Medical Officer
CCM J.N.M. Hospital
Kalyani Nad'a
Signature

Date- 23/8/18

REPORT

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