

No.-001

Dialysis / Digital X-Ray / CT Scan

118027

Hospital

Health District, District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Amal Saha Age: 68 Sex: M

Address: Ranaghat

Register Id: 11621 Date: 14/8/18

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

[Signature]
Signature of the Patient

Superintendent

Hospital

Health District, District

[Signature]
Superintendent
Medicine &
Kalyani

118027

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name Amal Saha Age 68yr. Sex M

Address.....

Physician/Surgeon PA 11681 Ward MNO

No. of Bed Cabin 41 Paying / Non-Paying.....

Brief history of case Headache ? Ulcer

Clinical Diagnosis
Particular Point to be investigated. MRI Brain
Instruction

Date- 14/8/18

S. Subhra
Medical Officer
College of Medicine &
J.N.M. Hospital Kalyani
Nadia
Signature

REPORT

9858812770
Ranaghat Gokh

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