

No.-001

Dialysis / Digital X-Ray / CT Scan

118031

J. N. H.

Hospital

KLY

Health District,

NADRA

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Ramendra Nath Basu Age: 62 Sex: M

Address: Gagnapuri

Register Id: PA 10869 Date: 15/08/18

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

Ramendra Basu

Signature of the Patient

Superintendent

Hospital

Health District, District

15/8/18  
Signature  
Medical Officer  
College of Medicine &  
Hospital (WBUMS)  
Kalyani, Naidia

West Bengal Form No. 815

Register No.

# J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Ramenika Nath Basu ..... Age..... 62yrs ..... Sex..... M

Address..... PA 10869 .....

Physician/Surgeon..... II B ..... Ward..... HSW

No. of Bed Cabin..... 27 ..... Paying / Non-Paying.....

Brief history of case Fanclice

Clinical Diagnosis  
Particular Point to be investigated.  
Instruction

MRCP (urgel)

Date- 14/8/18

[Signature]  
14/8/18  
Signature

## REPORT

*Medical Officer*  
College of Medicine &  
J.N.M. Hospital (WBUMS)  
Kalyani, Naidia

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2002.  
8250246190