

Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

10670

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... Pratap ch Sadhukar Age..... 63 Sex..... M.....

Address..... 10670.....

Physician/Surgeon..... Ward..... MMW.....

No. of Bed Cabin..... 50/IV..... Paying / Non-Paying.....

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

HRCT - Thorax.

Date- 14.08.18.

Signature

REPORT

Medical Officer
College of Medicine &
J. N. M. Hospital, Kalyani
Nadia

7926 / 2762
BIZPWL