

Arambagh S.D. Hospital

Health District, Hooghly District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name : Lalita Samanta

Age : 43 Yrs.

Address : Tarkeswar, Hooghly

Registration Id : 21123

Treating Doctor Name : S. Sarkar

Patient Mobile No. : _____

Dr S. Sarkar
 Yrs. Months Days
 3 5 0
 y : PAYING/CABIN/GENERAL

Patient Type : OPD/ER
 PIN : _____

Received the services and I have not paid any amount for the service.
Manjusree Samanta
 Signature of the Patient

NAJMULLER DIALYSIS PARISABA
Arambagh S.D. Hospital
 Superintendent
DIALYSIS UNIT
Arambagh S.D. Hospital
 Health District, Hooghly District

 Signature of Admitting Officer
 Designation

IPC Serial No. _____

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death
- (b) Final Diagnosis or Injury
- (c) Principal Complications
- (d) Principal Associated Diseases

Stay in Hospital (in days) From to

Date and Hour of Death at Hrs

Counter Signature of the Visiting Staff / Medical Officer
 Regn. No. _____

Signature of the Doctor with Designation
 Regn. No.: _____