

Sl. No.:

56717

Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Monju Ranu Saha*

AGE: *63* SEX: *F* WARD / OPD / ER: *EMO*

ADDRESS: *inla - chandi talber,*
PO + PS - Raiganj, 212

REGISTER ID: *39761* DATE: *21/07/10*

TREATING DOCTOR NAME: *M. K. S.*

PATIENT MOBILE NO: *—*

TYPE OF INVESTIGATION: *Dialysis -*

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

[Signature]
Signature of the Patient

ATTESTED

Asst. Superintendent (N/M)
Raiganj Govt. Medical College & Hospital
Uttar Dinajpur
Dept. of Health & Family Welfare
Govt. of West Bengal



21/07/10

SUPDT. / ASST. SUPDT. / EMO.
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

বিঃ দ্রঃ- উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।