

Sl. No.: ~~50743~~ 67046 Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Pragendra Nath Ghosh*

AGE: *75y* SEX: *M* WARD / OPD / ER: *EOB*

ADDRESS: *Bir nagar 80 + PS Raiganj*
Dist - WD

REGISTER ID: *39883* DATE: *02/07/19*

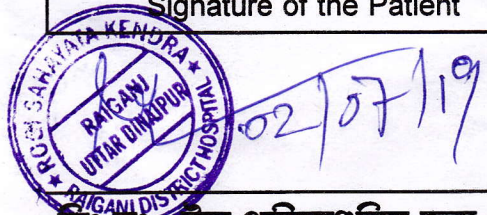
TREATING DOCTOR NAME: *Dr. D. Salam*

PATIENT MOBILE NO.: *7001868860*

TYPE OF INVESTIGATION: *Dialysis*

Received the service and I have not paid any amount for the service
Pragendra Nath Ghosh
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



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

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