

Sl. No.: 67051

✓ Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Sankar Roy*

AGE: *45y* SEX: *M* WARD / OPD / ER: *EOW*

ADDRESS: *W/O - Dilalpur, PO-Fatepur,
PS - Kalyanagar, U/D*

REGISTER ID: *39923* DATE: *2/07/10*

TREATING DOCTOR NAME: *Dr. A. S.*

PATIENT MOBILE NO.: *—*

TYPE OF INVESTIGATION: *Dialysis*

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

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



2/07/10

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