

Sl. No.: 67113

Dialysis / Digital X-Ray / CT Scan

**RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL**  
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: ..... *Sadhona Paul* .....  
AGE: *54* SEX: *F* WARD / OPD / ER: *obw* .....  
ADDRESS: *vill - Sudarshanpur* .....  
*Raiganj, Uttar Dinajpur* .....  
REGISTER ID: *40008* DATE: *2/8/19* .....  
TREATING DOCTOR NAME: *Dr. A. Salam* .....  
PATIENT MOBILE NO: *9882473259* .....  
TYPE OF INVESTIGATION: *Dialysis* .....

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

*Mishita Nath Paul*  
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



*2/8/19*

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