

61372

Sl. No.:

Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME : *Suchitra Roy*

AGE : *35* SEX : *F* WARD / OPD / ER : *obw*

ADDRESS : *W-11, Harithapur, P.O. - Dhanbad*
Dist., P.S. - Kaliaganj, U/A

REGISTER ID : *40851* DATE : *8/7/19*

TREATING DOCTOR NAME : *Dr. P.S. Das*

PATIENT MOBILE NO. : *7029612001*

TYPE OF INVESTIGATION : *Dialysis*

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

Nitara
Signature of the Patient

Assistant Superintendent (N/M)
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL

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



8/7/19

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