

Sl. No.:

67957

Dialysis / Digital X-Ray / CT Scan

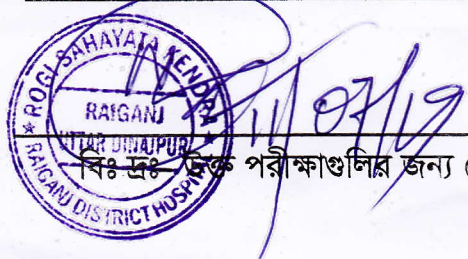
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME : *Nirmal Kr. Saha*
AGE : *50y* SEX : *M* WARD / OPD / ER : *E.O.W*
ADDRESS : *Vill - Sahapur, P.O. ps -
Kaliaganj*
REGISTER ID : *41933* DATE : *11/07/19*
TREATING DOCTOR NAME : *Dr. A. Sarkar*
PATIENT MOBILE NO : *9641677835*
TYPE OF INVESTIGATION : *Dialysis*

Received the service and I have not paid any amount for the service
Nirmal Kr. Saha
Signature of the Patient

Assistant Superintendent (N/M)
Raiganj Govt. Medical College & Hospital
Raiganj, Uttar Dinajpur.



SUPDT. / ASST. SUPTD. / EMO.
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বিঃ দ্রঃ - চিকিৎসা পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।