

Sl. No.:

68366

Dialysis / Digital X-Ray / CT Scan

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

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME : *Ujjaloo Saha*  
AGE : *82y* SEX : *F* WARD / OPD / ER : *EM*  
ADDRESS : *Ville - Manchon pelee,*  
*PO + PS - Raiganj, 010*  
REGISTER ID : *42847* DATE : *15/07/19*  
TREATING DOCTOR NAME : *Mr K. S.*  
PATIENT MOBILE NO : \_\_\_\_\_  
TYPE OF INVESTIGATION : *Hemogram*

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

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

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



*15/07/19*

পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।