

Sl. No.:

69174

Dialysis / Digital X-Ray / CT Scan

**RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL**

RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME : *Sadhan Saha.*

AGE : *69.* SEX : *M* WARD / OPD / ER : *Obj. W.*

ADDRESS : *Saktinagar, Raiganj.*

REGISTER ID : *49525.* DATE : *24/7/19*

TREATING DOCTOR NAME : *Abhijit Sarkar.*

PATIENT MOBILE NO : *7908923277.*

TYPE OF INVESTIGATION : *Dialysis.*

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

*Sanjay Saha*

Signature of the Patient

*24/7/19*  
SUPDT. / ASST. SUPTD. / EMO.  
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL  
RAIGANJ, UTTAR DINAJPUR



উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।