

Sl. No.:

68391

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: *35y* SEX: *F* WARD / OPD / ER: *EW*

ADDRESS: *Village Haridwarpur,  
80 - Dhankale, Hat, PS Raiganj*

REGISTER ID: *43259* DATE: *17/07/19*

TREATING DOCTOR NAME: *Dr. S. H.*

PATIENT MOBILE NO: *—*

TYPE OF INVESTIGATION: *Dialysis*

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

*Nityanay*  
Signature of the Patient

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



*17/07/19*

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

স্বাক্ষরের জন্য রোগীকে কোনো টাকা দিতে হবে না।