

Sl. No.:

68390

Dialysis / Digital X-Ray / CT Scan

RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Bismadeb Nandi*

AGE: *6/4* SEX: *M* WARD / OPD / ER: *FOR*

ADDRESS: *vide - okhalepara,
P.O. + P.S. - Raiganj, U.P.*

REGISTER ID: *43255* DATE: *17/07/19*

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

PATIENT MOBILE NO: _____

TYPE OF INVESTIGATION: *Dialysis*

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

Nilima Nandi
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

রীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।