

Sl. No.:

69354

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 K. Saha*

AGE : *50* SEX : *M* WARD / OPD / ER : *2B*

ADDRESS : *Sahapur, Kaliyaganj*

REGISTER ID : *45527* DATE : *28/2/19*

TREATING DOCTOR NAME : *D. S. M.*

PATIENT MOBILE NO. : _____

TYPE OF INVESTIGATION : *Dialysis*

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

Nirmal K. Saha

Signature of the Patient



Assistant Superintendent (N/N)
SUPDT. / ASST. SUPTD. / EMO.
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL
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বিঃ দ্রঃ- উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।