

Sl. No. **68351**

Dialysis / Digital X-Ray / CT Scan

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

**VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB**

PATIENT NAME : *Rahamat Ali*

AGE : *50* SEX : *M* WARD / OPD / ER : *OB*

ADDRESS : *11/11 Bijahar*  
*P.O. - Garaha, Raiganj*

REGISTER ID : *42019* DATE : *14/2/19*

TREATING DOCTOR NAME : *Dr. S. Jaha*

PATIENT MOBILE NO. : \_\_\_\_\_

TYPE OF INVESTIGATION : *Dialysis*

Received the service and I have not paid any amount for the service  
*Hunayun Kabir*  
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



বিক্রয় প্রক্রিয়াগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।