

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital

Health District,

District,

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Ageng Rubra

Age 35 yrs

Sex M

Address

R.S. Bismara, Bendurea

Register Id : _____ Date : 1.7.19

Treating Doctor Name : _____

Patient Mobile No. : _____

NAVYANAL Superintendent NIPNOY
DIALYSIS Hospital
PASCHIMBANGA SARKAR-0
Health District SOUTH UDYO
BMD Health District Hospital
[Bismara District Hospital]

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Register Id : _____ Date 1.7.19

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

Signature of the Patient

NAVYANAL Superintendent NIPNOY
DIALYSIS Hospital
PASCHIMBANGA SARKAR-0
Health District SOUTH UDYO
BMD Health District Hospital
[Bismara District Hospital]