

Sl. No. - **Dialysis / Digital X-Ray / CT Scan**

Hospital _____
Health District, _____
District, _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Ashok Kumar

Age 30 yrs Sex M

Address P.S. - Stovalathan, West medavilur

Register Id : _____ Date : 1.7.19

Treating Doctor Name : _____

Patient Mobile No. : _____

NAJYANMURUGAN NIRMALY Superintendent
DIALYSIS CENTER
PASCHIMBANGA SARKAR-0 Hospital
Health District **JOUTHA UDYOG** District
BIRUPUR DISTRICT HOSPITAL

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

Signature of the Patient

Signature
Seal

NAJYANMURUGAN NIRMALY Superintendent
DIALYSIS CENTER
PASCHIMBANGA SARKAR-0 Hospital
Health District **JOUTHA UDYOG** District
BIRUPUR DISTRICT HOSPITAL