

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

_____ Hospital
_____ Health district,
_____ District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Pradit Prathidar

Age 60 Sex M

Address Bilampore, Bankura,

Register Id : _____

Treating Doctor Name : _____ Date 02/07/19

Patient Mobile No.: _____

NAJYANULLER ROG NINROY
DIALYSIS PARISEVA
ASCHIMBANGA SARKAR-O
BMRC HOSPITAL-ER JOUTI HOSPITAL
Health district HOSPITAL
_____ District

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Register Id : _____

Date 02/07/19

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

Signature of the Patient

NAJYANULLER ROG NINROY
DIALYSIS PARISEVA
ASCHIMBANGA SARKAR-O
BMRC HOSPITAL-ER JOUTI HOSPITAL
Health district HOSPITAL
_____ District