

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital

Health district,

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Nimamyan Koley

Age 50 Sex M

Address Saipur

Register Id : 7938 Date 1/10

Treating Doctor Name : _____

Patient Mobile No.: _____

Superintendent

Hospital

Health district _____ District

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital

Health district _____ District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Nimamyan Koley Age 50 Sex M

Address Saipur

Register Id : 7938 Date 1/10

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

Signature of the Patient

Superintendent

Hospital

Health district _____ District