

Sl. No. -

**Dialysis / Digital X-Ray / CT Scan**

Hospital \_\_\_\_\_

Health District, \_\_\_\_\_

District, \_\_\_\_\_

**Voucher for Free Services from PPP Diagnostic Lab**

Patient Name

SK Siswidi Sibar

Age 42 ths

Sex M.

Address \_\_\_\_\_

P.S. Sempak, Benbena.

Register Id : \_\_\_\_\_

Date : 1.7.19.

Treating Doctor Name : \_\_\_\_\_

Patient Mobile No. : \_\_\_\_\_

**NA SUDHAR ROGMIRNOY**  
Superintendent  
DIALYSIS UNIT  
PASCHIMBANGA SARKAR-0  
BIRBHAR DISTRICT  
J BISHNUPUR DISTRICT HOSPITAL

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Date 1.7.19

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

Signature of the Patient \_\_\_\_\_

**NA SUDHAR ROGMIRNOY**  
Superintendent  
DIALYSIS UNIT  
PASCHIMBANGA SARKAR-0  
BIRBHAR DISTRICT  
J BISHNUPUR DISTRICT HOSPITAL