

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____ District,

Voucher for Free Services from PPP Diagnostic Lab

Patient Name STARRUS CHAN

Age 54 Sex M

Address Patakyang Bangkok

Register Id : _____ Date : 1.7.19

Treating Doctor Name : _____

Patient Mobile No. : _____

S. Perintender
NAJYAMULLER ROD MIRNOY
DIALYSIS PAHOSPITAL/A
PASCHIMBANGA SARKAR-O
Health District JOUTHA District
BMRCHOSPITAL/CT Scan Diagnostic Lab
[UNIVERSUR DISTRICT HOSPITAL]

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____ District,

Voucher for Free Services from PPP Diagnostic Lab

Patient Name SOMERUS CHAN Age 54 Sex M

Address Patakyang Bangkok

Register Id : _____ Date 1.7.19

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

Signature of the Patient _____

S. Perintender
NAJYAMULLER ROD MIRNOY
DIALYSIS Hospital/EVA
PASCHIMBANGA SARKAR-O
Health District JOUTHA District
BMRCHOSPITAL/CT Scan Diagnostic Lab
[BISHNUPUR DISTRICT HOSPITAL]