

Dialysis / Digital X-Ray / CT Scan

Sl. No. -

Hospital _____ Health district, _____ District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Palash Maity

Age 43 Sex M

Address Salboni, Midinpur

Register Id : _____ Date 3.7.19

Treating Doctor Name : _____

Patient Mobile No.: _____

S. V. Singh
NAJYA SUPERINTENDENT
DIALYSIS PATIENT SEVA
PASCHIMBANGA Hospital
BIRSA HOSPITAL ER JOUTHA UDYOG
Health district Hospital District
BISHNUPUR DISTRICT HOSPITAL

Dialysis / Digital X-Ray / CT Scan

Sl. No. -

Hospital _____ Health district _____ District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Palash Maity Age 43 Sex M

Address Salboni, Midinpur

Register Id : _____ Date 3.7.19

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

Signature of the Patient

S. V. Singh
NAJYA SUPERINTENDENT
DIALYSIS PATIENT SEVA
PASCHIMBANGA Hospital
BIRSA HOSPITAL ER JOUTHA UDYOG
Health district Hospital District
BISHNUPUR DISTRICT HOSPITAL