

Sl. No.:-

Dialysis / Digital X-Ray / CT Scan

BDDH Hospital

V81D Health district,

Bankura District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Sanku Prasad Sinha

Age 80y

Sex M

Address FL-8

Register Id: 32488

Date 2/7

Treating Doctor Name: _____

Patient Mobile No.: _____

Superintendent

[Signature] Hospital

Health district _____

District _____

Bankura District Hospital

Sl. No.:-

Dialysis / Digital X-Ray / CT Scan

Health district _____

Hospital _____

District _____

Voucher for Free Services from PPP Diagnostic Lab

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Age 80y

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Address FL-8

Register Id: 32488

Date 2/7

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

Signature of the Patient _____

Superintendent

[Signature] Hospital

Health district _____

District _____

Bankura District Hospital