

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____

District, _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Sri Lakshmi

Age 41 yrs

Sex M.

Address P.S. - Bankura Dist - Bankura

Register Id: _____ Date: 1.7.19

Treating Doctor Name: _____

Patient Mobile No.: _____

**NAJYASURIPUR GOVERNMENT
DIALYSIS AGENCY**
PASCHIMBANGA Hospital
BMRCHOSPITAL ER JOUTHALUDYOG
BISHNUPUR DISTRICT HOSPITAL
District

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____

District _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Sri Lakshmi

Address _____ Age 41 yrs Sex M.

P.S. - Bankura Dist - Bankura

Register Id: _____ Date: 1.7.19

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

Signature of the Patient _____

**NAJYASURIPUR GOVERNMENT
DIALYSIS AGENCY**
PASCHIMBANGA Hospital
BMRCHOSPITAL ER JOUTHALUDYOG
BISHNUPUR DISTRICT HOSPITAL
District