

SI. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____

District, _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Chandi Das Regy.

Age 65 yrs Sex M.

Address P.S - Kowalhan. West Mednipur.

Register Id : _____ Date : 1.7.19

Treating Doctor Name : _____

Patient Mobile No. : _____

Superintendent **NAYANMULLE** **NIRINJOY**
 DIALYSIS SARKAR-0
 PASCHIMBANGA SARKAR-0
 Health District **JUTHA UDYOG** District
BMRC HOSPITAL
[Bisnupur District Hospital]

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Register Id : _____ Date 1.7.19

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

Signature of the Patient _____

Superintendent **NAYANMULLE** **NIRINJOY**
 DIALYSIS SARKAR-0
 PASCHIMBANGA SARKAR-0
 Health District **JUTHA UDYOG** District
BMRC HOSPITAL
[Bisnupur District Hospital]