

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____

Health District, _____

District, _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Seema Das

Age 42yrs Sex M

Address P5-ODA, Bankura

Register Id : _____ Date : 1.7.19

Treating Doctor Name : _____

Patient Mobile No. : _____

MAJORITY
Superintendent
DIALYSIS PATENT
PASCHIMBANGA SARKAR-0

PASCHIMBANGA SARKAR-0

Health District, JOLTA UDYOG District

[BISHNUPUR 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.

Seema Das
Signature of the Patient

MAJORITY
Superintendent
DIALYSIS PATENT
PASCHIMBANGA SARKAR-0

PASCHIMBANGA SARKAR-0

Health District, JOLTA UDYOG District

[BISHNUPUR DISTRICT HOSPITAL]