## **Health Department** Govt. of West Bengal

Name .... Date of 1st visit ..... Provisional Diagonosis: Address ..... Age Sex Sex Bishnupur District Hospital, Bankura **EMERGENCY TICKET** Regd. No. ..... 0710×

Garmodi aly

Date

Treatment

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Asomos whosh

have not paid any amount for

Received the services and I

**Hospital** T Scan

SI. No.-

District district,

Lab

Patient Name Anup

Voucher for Free Services from PPP Diagnostic Lab

Health district\_

Bunkura Distri

\_Hospit

130

Dialysis / Digital X-Ray / CT Sca

Register Id:

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Banker Chash Age 364 Sex M

Address\_

KTP,

\_Date\_ 2/2/19

Signature of the Patient

Superintendent

. Hospital

District

Health district

Bishnupr District Hospital Signature of EMO