

4819

Balurghat District Hospital  
Dakshin Dinajpur District  
Voucher for Free Service from PPP Diagnostic Lab

Patient Name: *Prasenjit Pramanik*

Age : *30 y* Sex: *M*

Address: *W*

Register Id: *3212* Date: *3/7/19*

Treating Doctor  
Name: *Dr. S.M.*

Patient Mobile  
Number: *9800740073*

Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinajpur

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Address: *W*

Register Id: *3212* Date: *3/7/19*

Received the services  
and I have not paid any  
amount for the service  
*Prasenjit Pramanik*



Signature of the Patient

Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinajpur