

3709

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

Patient Name: *Reba xami Roy*

Age: *62.7* Sex: *F/H*

Address: *Mos. P. Anakbhabani*

Register Id: *34132* Date: *13.12.19*

Treating Doctor
Name:

Patient Mobile

Number: *9126249331*

[Signature]

Full Signature of the attending Doctor
District Hospital Balurghat
Dakshin Dinajpur

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Address: *Mos. P. Anakbhabani*

Register Id: *34132* Date: *13.12.19*

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

[Signature]
Signature of the Patient

Full Signature of the attending Doctor
District Hospital Balurghat
Dakshin Dinajpur

