

No.-001

Dialysis / Digital X-Ray / CT Scan

2918

J. Oran

Hospital

Kiz

Health District

Nadia

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name: Dulal Roy Age: 60 Sex: M

Address: Birzhan

Register Id: PD 23997 Date: 2/18/8/18

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

[Handwritten Signature]

Signature of the Patient

Superintendent

Hospital

Health District, District

(M)

108118

West Bengal Form No. 815

Register No.

J. N. M. HOSPITAL, KALYANI

ELECTRO THERAPUTIC DEPARTMENT (X-RAY)

Name..... DEWAL ROY Age..... 75 yr Sex..... M


Address..... PA 23992 Ward..... CR

Physician/Surgeon..... No. of Bed Cabin..... B3 Paying / Non-Paying.....

Brief history of case

Clinical Diagnosis
Particular Point to be investigated.
Instruction

CT Scan Posain


12/08/18

Date- 12/08/18

Signature

REPORT

12/24/18
9874 217717