

Voucher No. RGKMC&H/ 002916

Date: 22/10

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

Voucher for free imaging MRI Scan by PPP

Name of the Patient: Masfuna Bibi

Age: 23

Sex: F

Address: \_\_\_\_\_

Registration No. (IPD/OPD/Emergency):  1886660908  
(Please put  on referring unit)

Name of the referring Service Doctor: Med

Designation of the referring doctor: med

Mobile No. of Patient/Patient party: 7697981894

Imaging required: MRI of Brain

Punit K. B. Sahayak  
Full Signature of Rogi Sahayak

Countersignature of on duty LTI

Received the service & I have not paid any amount for the service

Signature/LTI of the patient

For any grievance contact Grievance Redressal Cell - 033-25557005, 89020232/0, 6291584407

8/12/18  
8:00 PM

১২:৩০ টা পর্যন্ত  
নিম্নে আলোচনা  
করা হবে

PLEASE COME BEFORE  
1 HOUR OF YOUR BOOKING TIME  
অনুরোধ করা হল  
আপনার বুকিং  
সময় থেকে ১ ঘণ্টা  
পূর্বে আসুন।

PLEASE BRING ALL  
PREVIOUS REPORTS  
আপনার পুরানো  
রিপোর্টস  
সঙ্গে আনুন।