

Original (Account's Copy)

MALDA MEDICAL COLLEGE & HOSPITAL
MALDA

Sl. No. **335764**

102

Date : 09.07.19

O.P.D. / I.P.D.

Examination :- CT Scan / Digital X-Ray / Dialysis / MRI

[CT Scan]
(Please Mark '✓' wherever applicable)

Patient's Name : Subarna Parvin

Age : 09 Sex : f

Address : MD

Registration No. : 0127 Ward :

Treating Doctor's Name :

Department : MD

Patient's Mobile No :

Received the service and I have not
paid any amount for the service.
Subarna Parvin
Patient's Signature

Dr. Anish Mandal
Full Signature of the
Treating Doctors