

Haemodialysis req.
X-RAY REQUISITION

..... Hospital, Cooch Behar.

Plate No.

37439

Outdoor Ticket No.

Name of the Patient

(In Block Letters)

Meyla Adhikary

Age

56 yr.

Sex

F

Religion

H

Address

Physician / Surgeon

U-2

Ward

CCV

No. of Bed / Cabin

Paying / Free Bed

Haemodialysis

REPORT

Dr. BZ BZLA