

*Dialysis* **X-RAY REQUISITION**

**Cooch Behar Government Medical College & Hospital, Cooch Behar.**

Plate No. ....

Outdoor Ticket No. .... *38320*

Name of the Patient ..... *Biplab Biswas*  
(In Block Letters)

Age ..... *307* Sex ..... *M* Religion ..... *H*

Address .....

Physician / Surgeon ..... *CAST - D*

Ward ..... *mmw* No. of Bed / Cabin ..... *(8)*

Paying / Free Bed .....

**REPORT**

*Dr. Suwan Sahoo*

*19/7/19*