

*Dialysis*  
**X-RAY REQUISITION**

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

Plate No. ....

Outdoor Ticket No. .... *40599*

Name of the Patient ..... *Nirmal Parkan*  
*(In Block Letters)*

Age ..... *557* Sex ..... *m* Religion ..... *H*

Address .....

Physician / Surgeon ..... *V. R.*

Ward ..... *mmw* No. of Bed / Cabin ..... *23A*

Paying / Free Bed ..... *Dialysis*

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**REPORT**

*Sr. Deputy*  
*26/7*