

Haemodialysis

**X-RAY REQUISITION**

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

Plate No. ....

~~251060~~ 36176

Outdoor Ticket No. ....

Name of the Patient .....

Ruxona Bibi

(In Block Letters)

Age .....

25y11

Sex .....

F

Religion .....

H

Address .....

Physician / Surgeon .....

Dr. U. I

Ward .....

Cev

No. of Bed / Cabin .....

HDU-1

Paying / Free Bed .....

Haemodialysis

**REPORT**

*[Handwritten signature]*