## **COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

Government of West Bengal Kamarhati, Kolkata - 700 058

## ( X-RAY / ULTRA SOUND ) OUTDOOR / INDOOR REQUISITION FORM

0 Registrat	tion No. 2	6578	
Patient's Name Swapan Sary	Chel		***************************************
Age	nale	Religion-Hindu	ı / Muslim / Christian
Address			a / Maomili / Omiodan
Physician / Surgeon Dept 1	Surjey		•••••
Ward / O.P.D. Bed		Paving Bed No	
Description of disease	į V	ayınıg 200 (10	
Type of X-Ray / Investigation	Sean of B	ran	<i>f</i>
Report :	J	Signature of at	tending
		Medical Of	

Signature
Radiology / E.C.G. Deptt.
COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL
Kamarhati, Kolkata - 700 058