

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata-700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 29231.

Patient's Name. Laoni Das.

Age. 56y. Male / Female. Religion-Hindu / Muslim / Christian

Address.

Physician / Surgeon.

Ward / O.P.D. FIW Bed No. 2. Paying Bed No.

Description of disease.

Type of X-Ray / Investigation. CT Brain

Report :

Signature of attending
Medical Officer

Signature

Radiology / E.C.G. Deptt.

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