

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Patient's Name..... Serfali Mitra
Age..... 74y Male / Female..... Religion-Hindu / Muslim / Christian
Address.....
Physician / Surgeon..... Medicine
Ward / O.P.D. FMW Bed No. Paying Bed No.
Description of disease.....
Type of X-Ray / Investigation..... CT Brain

Report :


Signature of attending

Medical Officer

19/08/18

Signature

Radiology / E.C.G. Deptt.

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