

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No.

Patient's Name.....

Age.....

Address.....

Physician / Surgeon.....

Ward / O.P.D.

Description of disease.....

Type of X-Ray / Investigation.....

7935
Prasannjit Choudhury
m

Bed No. Paying Bed No.
CT Scan of Brain

Signature of attending

Medical Officer

Report :

Signature

Radiology / E.C.G. Deptt.

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