

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

**Government of West Bengal**

**Kamarhati, Kolkata - 700 058**

**( X-RAY / ULTRA SOUND )**

**OUTDOOR / INDOOR REQUISITION FORM**

Registration No. .... 110469 .....

Patient's Name ..... Manayn ch Ahankh .....

Age ..... 63y ..... Male / Female ..... M ..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

Ward / O.P.D. .... 22 ..... Bed No. .... Paying Bed No. ....

Description of disease.....

Type of X-Ray / Investigation..... CT Scan of Brain .....

**Report :**

Signature of attending  
**Medical Officer**

Signature

Radiology / E.C.G. Deptt.

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