

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

( X-RAY / ULTRA SOUND )

OUTDOOR / INDOOR REQUISITION FORM

(L)

5819

Registration No. ....

Patient's Name..... Kamal Paul .....

Age..... 47y ..... Male / Female..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

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

Description of disease.....

Type of X-Ray / Investigation..... Lt Shoulder jt AP L .....

Report :

Signature of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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