

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL 9163950919

Government of West Bengal

Kamarhati, Kolkata - 700 058

( X-RAY / ULTRA SOUND )

OUTDOOR / INDOOR REQUISITION FORM

Registration No. .... 106473 .....

Patient's Name..... Biswanath Ghosh .....

Age..... 53 ..... Male / Female..... Religion-Hindu / Muslim / Christian

Address..... Domjur .....

Physician / Surgeon.....

Ward / O.P.D. .... E.M.R. .... Bed No. .... Paying Bed No. ....

Description of disease.....

Type of X-Ray / Investigation..... X-Ray RT Foot AP Lat .....

Report :

Signature of attending  
Medical Officer

Signature  
Radiology / E.C.G. Deptt.  
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