

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

(16)

Registration No.

107839

Patient's Name.....

Ratan Deb

Age.....

66y

Male / Female.....

Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

Ward / O.P.D.....

E.R.

Bed No.

Paying Bed No.

Description of disease.....

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

Left hip - AP
LAT

Report :

Signature of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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