

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 107419

Patient's Name..... Parbha Das

Age..... 46e Male / Female..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

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

Description of disease.....

Type of X-Ray / Investigation..... (A) Knee AP+L

Report : (R) reg ✓

Signature of attending Medical Officer

Signature
Radiology / E.C.G. Deptt.
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