

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

**Government of West Bengal**

**Kamarhati, Kolkata - 700 058**

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

**OUTDOOR / INDOOR REQUISITION FORM**

Registration No. 104759  
Patient's Name Am Chatterjee  
Age 30 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 X-ray of Lt Foot AP  
Lt Leg - AP / CAT

**Report :**

Signature of attending

**Medical Officer**

Signature

Radiology / E.C.G. Deptt.

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