

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. *484*
Patient's Name..... *Partha Sarathi Haldar*
Age..... *41* Male / Female..... *M* Religion-Hindu / Muslim / Christian
Address.....
Physician / Surgeon.....
Ward / O.P.D. *er* Bed No. Paying Bed No.
Description of disease.....
Type of X-Ray / Investigation..... *Rd Hand CAP*

Report :

Signature of attending

Medical Officer

Superintendent

Signature

Radiology / E.C.G. Deptt.

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