

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 4263
Patient's Name..... Pir Mohammad
Age..... 20 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..... Lt Knee X-ray

Report :

Signature of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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