

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 104704

Patient's Name..... *Rajunath Halder*

Age..... *38* Male / Female..... *M* Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

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

Description of disease.....

Type of X-Ray / Investigation..... *RT Shoulder AP / lat*

Report :

Signature of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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