

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

( X-RAY / ULTRA SOUND )

OUTDOOR / INDOOR REQUISITION FORM

16

Registration No. 104628

Patient's Name Manash Day

Age 20y Male / Female 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 X-ray Rt little finger <sup>AP</sup> <sub>lat</sub>

Report :

Signature of attending  
Medical Officer

Signature  
Radiology / E.C.G. Deptt.  
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