

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 28584.....

Patient's Name Golu shaw.....

Age 1 yr..... Male / Female M..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon Pediatrics.....

Ward / O.P.D. Ward..... Bed No. 39..... Paying Bed No.

Description of disease.....

Type of X-Ray / Investigation chest x ray PA view.....

Report :

Signature (A) of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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