

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

Government of West Bengal

Kamarhati, Kolkata - 700 058

( X-RAY / ULTRA SOUND )

**OUTDOOR / INDOOR REQUISITION FORM**

(16)

102042

Registration No. ....

Patient's Name..... Rahul Shaw .....

Age..... 18y ..... Male / Female..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

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

Description of disease.....

Type of X-Ray / Investigation..... Rt hand & AP .....

**Report :**

Signature of attending  
**Medical Officer**

Signature

Radiology / E.C.G. Deptt.

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