

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

Government of West Bengal

Kamarhati, Kolkata - 700 058

**( X-RAY / ULTRA SOUND )**

**OUTDOOR / INDOOR REQUISITION FORM**

Registration No. .... 102158 .....

Patient's Name..... Nisha Kumari Paswan .....

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

Address.....

Physician / Surgeon.....

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

Description of disease.....

Type of X-Ray / Investigation..... X-Ray Rt ankle jt ← AP

Mr. Ray  
Signature of attending  
**Medical Officer**

**Report :**

Signature  
Radiology / E.C.G. Deptt.  
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