

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

**Government of West Bengal**

**Kamarhati, Kolkata - 700 058**

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

**OUTDOOR / INDOOR REQUISITION FORM**

Registration No. 102150  
Patient's Name Sumit Shaw  
Age 28y Male / Female Male 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 left wrist jt { AP  
cat

**Report :**

Dr. 19/8/18  
Signature of attending

**Medical Officer**

Signature

Radiology / E.C.G. Deptt.

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