

COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL

Government of West Bengal

Kamarhati, Kolkata - 700 058

(X-RAY / ULTRA SOUND)

OUTDOOR / INDOOR REQUISITION FORM

Registration No. 7452
Patient's Name..... mine Ghosh
Age..... 59 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..... RR hnd / AP / obli

Report :

Signature of attending

Medical Officer

Signature

Radiology / E.C.G. Deptt.

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