

Midnapore Medical College & Hospital (Paschim Medinipur)
X-RAY REQUISITION FORM

Regn. No. 67893

Patients' Name Shama Islam Age 7 mths Sex F

Under Doctor Dr. SSK Ward / O.P.D. SSK

Paying / Non-Paying / Bed No. SSK Clinical Diagnosis SSK

Examination Required copy

Report Advised

Signature of the Radiologist
 [P.T.O.] M.M.C.H. [Paschim Medinipur]

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Amount : 100.00
 Adj./Disc Amt : 100.00
 PAID. AMOUNT : 0.00
 DUE AMOUNT : 0.00

Total Amount : Only
 RECP 13:02

PALLAB

Signature of the Patient

Grievance Redressal Ph. No. : (03222) 222471, Mob. : 9476220002