

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

Regn. No. 67739

Patients' Name Monsum Nandy Age 18 Sex F M/F

Under Doctor III A Ward/O.P.D. FME

Paying / Non-Paying / Bed No. ---

Examination Required CR (P/H) view

Advised 23/8/18  
 Signature of the Radiologist [P.T.O.] M.M.C.H. [Paschim Medinipur]

Weight: \_\_\_\_\_  
 Date: 23/08/20  
 Amount 100.00

PALLAB  
 Total Amount : Only  
 RECP 1:02  
 Adj/Disc Amt : 100.00  
 PAID. AMOUNT : 0.00  
 DUE AMOUNT : 0.00  
 FOR MIDNAPORE DIAGNOSTICS PVT LTD

Grievance Redressal Ph. No. : (03222) 222471, Mob. : 9476220002  
 Signature of the Patient