

Midnapore Medical College & Hospital (Paschim Medinipur)

X-ray **U.S.G. REQUISITION FORM** *Reg no - 68022*

Patients' Name *Madhumita Bar Samanta* Age *26* Sex *F* M/F.....

Under Doctor *Medicine* Ward / O.P.D. *Casualty*

Paying / Non-Paying / Bed No. *Casualty* Clinical Diagnosis

Particulars Parts to be Examined *Op R - PA view*

Date : *26.8.18*

[Signature]
Adviser

REPORT

Signature of the Radiologist
MMC & H (Paschim Medinipur)

ht:	26/08/20
Amount	100.00

DEBU
Total Amount : Only
RECP 4:17

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

FOR MIDNAPORE DIAGNOSTICS PVT LTD

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