

**Madras Medical College & Hospital (Paschim Medinipur)**

**(Diag) X-ray U.S.G. REQUISITION FORM**

Patients' Name Anup Middya Age 90y Sex M M/F

Under Doctor D.A.S. Ward / O.P.D. M.S.W

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

Particulars Parts to be Examined St. X-ray of Abdomen

Date :

**REPORT**

[Signature]  
Adviser 21/8

Signature of the Radiologist  
MMC & H (Paschim Medinipur)

