

Midnapore Medical College & Hospital (Paschim Medinipur)

Dig X-RAY REQUISITION FORM

Regn. No. *70168*

Patients' Name..... *Sabin Ahmed* Age..... *35* Sex..... *M* M/F.....
Ref. Under Doctor..... *Ibs* Ward / O.P.D..... *MSEW*

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

Examination Required..... *Digx-ray Abd*

Report

Advised..... *[Signature]*

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

Weight:
Date: 24/08/20

Amount
100.00
100.00

DO NOT PAY.
PAYMENT WILL BE MADE BY GOVERNMENT.

PALLAB

Total Amount : Only
RECP 7:51

Amount :	200.00
Adj/Disc Amt :	200.00
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