re Medical College & Hospital (Paschim Medinipur)

Digital xray

~~U.S.G.~~ REQUISITION FORM 71187

ients' Name Mousumi Dingal 2 Age 19 Sex F M/F

Under Doctor Ward / O.P.D. FMR

Paying / Non-Paying / Bed No. Clinical Diagnosis

Particulars Parts to be Examined CXR (PA view)

Date : 26/8/18

REPORT

Adviser
Signature of the Radiologist
MMC & H (Paschim Medinipur)

ht:
28/0
Amou
100.

Adj/Disc Amt : 100.
PAID. AMOUNT : 0.
DUE AMOUNT : 0.

SHRABONI

Total Amount : Only

RECP 8:40

FOR MIDNAPORE DIAGNOSTICS PVT

P RAHAMAT DINGAL

Midnapore Medical College & Hospital
Paschim Medinipur

Signature of the Patient

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