

GNOSTICS PVT LTD

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

Regn. No. 71881

Patients' Name Rupsana Khatun

Under Doctor B Mondal

Age 54 Sex F M/F

28/08/20

Paying / Non-Paying / Bed No. .... Ward / O.P.D. SW

Amount  
100.00

Examination Required CXR PA view Clinical Diagnosis .....

Report

Advised 27/8

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

RABONI

Amount : Only  
P 10:21

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

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Signature of the Patient

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