

Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 69951

Patients' Name Pawan chowdhury Age 17y Sex M M/F

Under Doctor I Ward/O.P.D. MME

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

Examination Required Chest X-ray PA view

Report

Advised

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

SHRABONI

Total Amount : Only
RECP 10:26

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

FOR MIDNAPORE DIAGNOSTICS PVT LTD

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