

Midnapore Medical College & Hospital (Paschim Medinipur)
U.S.G. REQUISITION FORM

66408

Patients' Name: Khosla Rosnaa Pali Age: 35y Sex: F M/F

Under Doctor: B. Das Ward/O.P.D.:

Paying / Non-Paying / Bed No.:

Particulars Parts to be Examined: Chart 257 / 1/1/12

Date: _____
 Adviser: 19.8.12
 Signature of the Radiologist: _____
 MMC & H (Paschim Medinipur)

Amount: 100.00

Right: 19/08/20

FOR MIDNAPORE DIAGNOSTICS PVT LTD

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

DEBU
 Total Amount: Only
 RECP 12:19

Signature of the Patient: _____
 Grievance Redressal Ph. No. : (03222) 222471, Mob. : 9476220002