...napore Medical College & Hospital (Paschim Medinipur)

x-Ray ~~U.S.G.~~ REQUISITION FORM 67648

Patients' Name ....Sk Mojibul Rahoma.... Age ....42y.... Sex ....M.... M/F............

Under Doctor ....II B(S).... Ward / O.P.D. ....MSSW....

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

Particulars Parts to be Examined ....CXR PA view....

Date :

REPORT

19/8

Adviser

Signature of the Radiologist

MMC & H (Paschim Medinipur)

ight:

e: 19/08/20

Amount
100.00

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

DEBU

Total Amount : Only

RECP 12:00

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Signature of the Patient

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