

**apore Medical College & Hospital (Paschim Medinipur)**

**Dig X-ray U.S.G. REQUISITION FORM**

67717

Patients' Name Arati Choudhury Age 74 Sex M/F

Under Doctor Fai Ward / O.P.D. SSW

Paying / Non-Paying / Bed No. Clinical Diagnosis

Particulars Parts to be Examined XR(P-A)

**REPORT**

Date :

17/8  
Adviser

Signature of the Radiologist  
MMC & H (Paschim Medinipur)

Amount  
100.00

Weight: 19/08/20

FOR MIDNAPORE DIAGNOSTICS PVT LTD

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

Total Amount : Only  
RECP 11:57

Signature of the Patient

*[Handwritten Signature]*

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