

**Midnapore Medical College & Hospital (Paschim Medinipur)**  
**X-RAY REQUISITION FORM**  
 Regn. No. 68253

Patients' Name: Atoka Dwiva Age: 39 Sex: F M/F

Under Doctor: Dr. S. S. S. S. Ward/O.P.D. SSW

Paying / Non-Paying / Bed No. \_\_\_\_\_

Examination Required: st x ray abd & erect

Advised: ok 19/8/11

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

Weight: \_\_\_\_\_  
 Date: 19/08/20  
 Amount

Amount: 200.00  
 Adj./Disc Amt: 200.00  
 PAID AMOUNT: 0.00  
 DUE AMOUNT: 0.00  
 FOR MIDNAPORE DIAGNOSTICS PVT LTD

Signature of the Patient

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

DEBU  
 Total Amount: Only  
 RECP 11:28