

Madras Medical College & Hospital (Paschim Medinipur)
X-RAY REQUISITION FORM
 Regn. No. 64121

Patients' Name: Jeenu Kratum Age: boy Sex: F M/F

Under Doctor: II A (S) Ward/O.P.D. FSSW

Paying / Non-Paying / Bed No. _____

Examination Required: X ray of is spine Report

Advised: 19/8

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

Signature of the Patient

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

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 Total Amount: Only
 RECP 11:05

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