

# Midnapore Medical College & Hospital (Paschim Medinipur)

## X-RAY REQUISITION FORM

Regn. No. 71551

Patients' Name Jamuna Chakraborty Age 78y Sex F M/F.....

Date: 28/08/20

Under Doctor 1 ortho Ward / O.P.D. F ortho

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

Amount  
100.00

Examination Required CXR PA view

Report

Advised [Signature]  
27/8/18

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

SHRABONI

Total Amount : Only  
RECP 10:37

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

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Paschim Medinipur

[Signature]  
Signature of the Patient

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