

Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 6808

Patients' Name Mampi Rudan Age 19 Sex F M/F

Under Doctor U Ward/O.P.D. PNB

Paying / Non-Paying / Bed No. Clinical Diagnosis

Examination Required X-ray chest - PA view

Report Advised

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

SHRABONI

Total Amount : Only
RECP 8:50

Amount :	100.00
Adj/Disc Amt :	100.00
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