

Midnapore Medical College & Hospital (Paschim Medinipur)

Digital

X-RAY REQUISITION FORM

Regn. No. 68897

Patients' Name Mithun Kanungo Age 25y Sex F M/F

Under Doctor I Ward/O.P.D. F-ortho

Paying / Non-Paying / Bed No. Clinical Diagnosis

Examination Required xray P/A view chest.

Report

Advised (M) 21/8/20

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

Weight: 21/08/20

Amount
100,00

SHRABONI

Total Amount : Only
RECP 9:48

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