

Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 6957A

Patients' Name Kajal Moidya Age 39y Sex ✓ M/F

Under Doctor ITM Ward / O.P.D. MME

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

Examination Required CXR PA view

Report

Advised AP

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