

Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 88145

Patients' Name Guha Mandi Age 56 Sex M M/F

Under Doctor ENT Ward/O.P.D. W

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

Examination Required CXR PA views

Report

Advised

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