

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

Signature of the Patient

Paschim Medinipur

*Shraboni*

Total Amount : Only  
RECP 9:15

SHRABONI

FOR MIDNAPORE DIAGNOSTICS PVT LTD

0.00

0.00

120.00

120.00

DUE AMOUNT :

PAID AMOUNT :

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

Advised

*23/8*

Report

Examination Required

*to Xray Hip (L) & AP*

Clinical Diagnosis

ying / Non-Paying / Bed No.

Ward/O.P.D.

Doctor

*Dr. Kuska*

Name

*Kuska Pam*

Age

*58*

Sex

*M*

M/F

Regn. No.

*57212*

X-RAY REQUISITION FORM

Medical College & Hospital (Paschim Medinipur)

MIDNAPORE DIAGNOSTICS PVT LTD

120.00

Amount

23/08/20

ight: