

Madras Medical College & Hospital (Paschim Medinipur)
U.S.G. REQUISITION FORM

69423

Patients' Name: Rupchand Hembaram Age: 45y Sex: M M/F: M

Under Doctor: U.A. Ward/O.P.D.: MSS

Paying / Non-Paying / Bed No.: _____

Particulars Parts to be Examined: Left eye & vision

Date: 22/8/18 **REPORT**

Signature of the Radiologist: [Signature] Adviser: [Signature]

MMC & H (Paschim Medinipur) 22/8/18

Amount: 100.00, 100.00, 120.00, 120.00

440.00, 440.00, PAID AMOUNT: 0.00, DUE AMOUNT: 0.00

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Total Amount: Only RECP 4:25

Signature of the Radiologist: _____
 Grievance Redressal Ph. No. : (03222) 222471, Mob. : 9476220002

DIGITAL X-RAY