

**Midnapore Medical College & Hospital (Paschim Medinipur)**

**X-RAY REQUISITION FORM**

Regn. No. ....

Patients' Name Chiranjit Dolai Age 20 Sex M/F 69456

Under Doctor III Ward / O.P.D. MSSW

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

Examination Required str x-ray abdomen in erect position & supine

Report

Advised 22/8/18

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

Amount	100.00
	100.00

SHRABONI

Total Amount : Only  
RECP 9:19

Amount :	200.00
Adj/Disc Amt :	200.00
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