

Midnapore Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No.

PA 66920.

Patients' Name Alou Ghosh

Age 22yr

Sex M/F

Weight:

Date: 22/08/20

Under Doctor M. O. S.

Ward / O.P.D.

Paying / Non-Paying / Bed No.

Clinical Diagnosis Acute appendicitis

Amount

100.00

Examination Required ft. any And. - erect position

Report

Advised

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

SHRABONI

Total Amount : Only
RECP 11:21

Amount :	100.00
Adj/Disc Amt :	100.00
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