

Midnapore Medical College & Hospital (Paschim Medinipur)

Digital X-RAY REQUISITION FORM

Regn. No. 668438

Patients' Name Tapan Chatterjee Age 52 Sex M M/F

Under Doctor V III Ward / O.P.D. MSW

Paying / Non-Paying / Bed No Clinical Diagnosis

Examination Required X-ray Wrist of R hand

Report

Advised

Signature of the Radiologist

[P.T.O.] M.M.C.H. [Paschim Medinipur]

PAYMENT WILL BE

Weight: 22/08/20

Amount 120.00

Amount : 120.00
Adj/Disc Amt : 120.00
PAID. AMOUNT : 0.00
DUE AMOUNT : 0.00

prakash

Total Amount : Only
RECP 12:44

FOR MIDNAPORE DIAGNOSTICS PVT LTD

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