

Midnapore Medical College & Hospital (Paschim Medinipur)  
Digital X-RAY REQUISITION FORM

CC PVT LTD

Patients' Name Ajit Dolai Regn. No. 69505

Weight: \_\_\_\_\_  
Date: 22/08/20

Under Doctor I Age 40y Sex M M/F \_\_\_\_\_

Paying / Non-Paying / Bed No. \_\_\_\_\_ Ward / O.P.D. M-ortho.

Amount
120.00

Examination Required Xray @ knee Clinical Diagnosis \_\_\_\_\_

Report

Advised [Signature] 22/8/18

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

120.00
120.00
0.00
0.00

SHRABONI

Total Amount : Only  
RECP 12:18

FARE : \_\_\_\_\_  
DUE AMOUNT : \_\_\_\_\_

FOR MIDNAPORE DIAGNOSTICS PVT LTD

Signature of the Patient

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