

Medical College & Hospital (Paschim Medinipur)

~~U.S.G.~~ REQUISITION FORM

Py no- 69020

Name Sandhya Kotal

Order Doctor

Age

48yr

Sex

F

M/F

Ward / O.P.D.

Emergency

Paying / Non-Paying / Bed No.

Clinical Diagnosis

Particulars Parts to be Examined

X-RAY Left Hand < AP

Lateral

Date :

REPORT

Signature of the Radiologist
22/8/18
Adviser

Signature of the Radiologist
MMC & H (Paschim Medinipur)

Weight: 22/08/20

Amount

120.00

120.00

120.00

PAID. AMOUNT :

0.00

DUE AMOUNT :

0.00

FOR MIDNAPORE DIAGNOSTICS PVT LTD

SHRABONI

Total Amount : Only

RECP 10:40

Signature of the Patient

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