

Midnapore Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 66917

Patients' Name Kishalay Jana Age 33yr Sex M M/F

Under Doctor Ward / O.P.D. Observation

Paying / Non-Paying / Bed No. Clinical Diagnosis

Examination Required X-Ray Rt ankle - AP

Report

Lat. Advised [Signature]

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

Amount
120.00

SHRABONI

Total Amount : Only
RECP 10:30

Amount :	120.00
Adj/Disc Amt :	120.00
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