

**Midnapore Medical College & Hospital (Paschim Medinipur)**

Digital

**X-RAY REQUISITION FORM**

Regn. No. 69314

Patients' Name Mallika Samanta Age 56 Sex F M/F

Under Doctor 2 Ward/O.P.D. FME

Paying / Non-Paying / Bed No. Clinical Diagnosis

Examination Required CXR (PA view)

Report 22/8/18

Advised 

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

ht: 22/08/20

Amount  
100.00

SHRABONI

Total Amount : Only  
RECP 10:18

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