

# Midnapore Medical College & Hospital (Paschim Medinipur)

Digital

## X-RAY REQUISITION FORM

Regn. No. 69458

Patients' Name Madan Baskey Age 55y Sex M M/F.....

Under Doctor I Ward / O.P.D. M-ortho

Paying / Non-Paying / Bed No. .... Clinical Diagnosis .....

Examination Required Xray (L) wrist AP Lat

Report

Advised [Signature]  
22/08/20

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

ht: 22/08/20

Amount
120.00

SHRABONI

Total Amount : Only  
RECP 9:45

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

FOR MIDNAPORE DIAGNOSTICS PVT LTD

[Signature]  
Signature of the Patient

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