

Midnapore Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 69551

Patients' Name Laxmi Nandi Age 35 yrs Sex M F

Under Doctor Dr. P. S. S. Ward / O.P.D. FCM

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

Examination Required CXR PA view.
X-Ray (R) arm AP lateral

Report

Advised AP lateral 22/8/18

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