

Midnapore Medical College & Hospital (Paschim Medinipur)

X-RAY REQUISITION FORM

Regn. No. 67385

Patients' Name BABLU HANSDA Age 37 Sex M M/F

Under Doctor BM Ward/O.P.D. nric

Paying / Non-Paying / Bed No. Clinical Diagnosis

Examination Required CXR PA view

Report 22/8/18

Advised 22/8/18

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