

**GOVERNMENT OF WEST BENGAL** Plate No.....

E.S.I. Hospital, Jadurberia, Uluberia, Howrah Film No.....

Requisition form for X-Ray/ E.C.G./ U.S.G. Size.....

Name of I. P. Patient Niladrita Manna Age..... Sex.....

Ins No. 419701433 Ward / E.R..... Bed No.....

Physician/Surgeon.....

Reg. No..... Date.....

Clinical History.....

Provisonal Diagnosis CT scan of BScin (P)

Investigation to be done

*[Signature]*  
Signature of M.O./ Specialist  
Medical Officer  
E.S.I. Hospital  
Uluberia, Howrah

**Report of X-Ray/ USG/ECG**

*Not eligible  
for SS7*

*Allowed 18/8/18*  
Emergency Medical  
Uluberia S.D. Hospital  
Uluberia, Howrah

**Signature of Radiologist/M.O.**

- Note- X-Ray L.S. Spine- Tab. Dulcolax 2 tabs at bed time with warm water. No. feed.
- USG
1. Upper Abdomen/Whole Abdomen- in empty Stomach.
  2. Lower Abdomen/ KUB/ First Trimester of pregnancy- Full Bladder.
  3. 2nd & 3rd Trimester of Preg-Ne Preparation.