

FORM No. II
Government of West Bengal
Employees' State Insurance (Medical Benefit) Scheme

Request for Pathological Examination
Radiological

Insurance No.

Name Age

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Disease

Nature of Injury

Nature of specimen and hour & date of taking

Exact part to be X-rayed Examination required

Brief Clinical note with date of onset

Date

Signature and Stamp of
Insurance Scheme Specialist

Report of X-ray Examination
Laboratory Examination

Signature of Radiological
Pathological