

NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

Request for X-Ray or other Laboratory Examination

To:

Address:

.....

Surname:

Other Names:

National Ins. No.

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Address:

*** (1) Please arrange for:-
the above-named person to be X-rayed for
the purpose of**

*** (2) the specimen sent herewith to be examined
in order to ascertain**
.....
.....

.....
Medical Officer

Address:

.....

.....

Date:

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