NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

Request for X-Ray or other Laboratory Examination

NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

Request for X-Ray or other Laboratory Examination

To:			То:			•••
Addre	ss:		Addre	ess:		•••
Surname:			Surname:			
Other Names:			Other Names:			
Natior	al Ins. No.		Nation	nal Ins. No.		_
Address:			Address:			
*(1)	Please arrange for:- the above-named person to be X-rayed for		*(1)	Please arrange for:- *(1) the above-named person to be X-rayed for		
	the purpose of			the purpose of		
*(2)	the specimen sent herewith to be examined		*(2)	(2) the specimen sent herewith to be examined		
	in order to ascertain			in order to ascertain		
		Medical Officer			Medical Officer	
	Address:			Address:		•••
	Date:			Date:		

*Delete where inapplicable. FORM MED.7 (R&P Dept. Sept. 97) *Delete where inapplicable. FORM MED.7 (R&P Dept. Sept. 97)