

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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**Date:** .....

\*Delete where inapplicable.  
MD800F7 R0 (a)

Revision Date: October, 2019

\*Delete where inapplicable.  
MD800F7 R0 (b)

Revision Date: October,