NATIONAL INSURANCE AND SOCIAL **SECURITY ACT, 1969**

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Request for X-Ray or other Laboratory

Examination

Request for X-Ray or other Laboratory Examination

To: Address: Address: Surname: Surname: Other Names: Other Names: National Ins. No. National Ins. No. Address: Address: Please arrange for:-Please arrange for:the above-named person to be X-rayed for the above-named person to be X-rayed for *(1) the purpose of the purpose of the specimen sent herewith to be examined *(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. MD800F7 R0 (a)

Revision Date: October, 2019

*Delete where inapplicable. MD800F7 R0 (b)

Revision Date: October,

To:

*(1)

*(2)