Hemodialysis HD 22/8/18

Rd at 6:20 PM Haemodialysis 20/8/18

Ref to HD 20/8/18

24/8 One unit Bl. Keptin freeze

Dr. S. Santra

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Patient's Name : Saikat Santra. Sex : M Age : 20 Yrs. Months Days

Patient Srl. No. : 39340 Admission Date : 16/8 Admission Time : 5-50 P.M Patient Category : PAYING/CABIN/GENERAL

Registration No.:
Ward : S-SH Bed No. : Patient Type : OPD/ER
Address
Municipality / Village : Santa Post Office : Ratanpur PIN :
Police Station : Goghat District : Hooghly
State : Nationality : Religion :
Address for Communication :

Marital Status : Patient's Occupation :
Father's Name : Ramdurlal Santra Husband's Name :
Brought By : Phone / Mobile No. 9635187627

Doctor/UNIT :
Whether Referred From :
Provisional Diagnosis : CKD

Male Medicine

Signature of Admitting Officer
Designation

IPC Serial No. : Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death বড়ো জায়গায় রেফার করা আছে জানা হল,

(b) Final Diagnosis or Injury .....

(c) Principal Complications ..... L+10

(d) Principal Associated Diseases ..... mamata santra.

Stay in Hospital (in days) ..... From ..... to .....

Date and Hour of Death ..... at ..... Hrs .....

Counter Signature of the Visiting Staff / Medical Officer
Regn. No.

Signature of the Doctor with Designation
Regn. No.: