

Patient's Name : Sunderson Kanak Sex : M Age : 49 Yrs. Months Days

Patient Srl. No. : 41239 Admission Date : 25-8-12 Admission Time : 9.55 AM

Registration No. : 41239 Ward : Dialydia

Address : Post Office : Nalbarnda District : Malda Religion : H

Municipality / Village : Haripur Police Station : Goghat State : WB Address for Communication : 41239

Marital Status : U Parvati Kanak Brought By : A. Gang Doctor/UNIT : Dr. A. Gang Provisional Diagnosis : CAD

Father's Name : U Parvati Kanak Whether Referred From : CAD

Diary No. : _____ Signature of Admitting Officer : [Signature] Designation : _____

IPC Serial No. : _____

Whether injury occurred while at work : _____ Specify by Yes / No.

Specify the place of injury : _____ Home/Farm / Street / Others

How injury occurred : _____

Specify if it is a cause of accident/Suicide/Homicide : _____

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

(a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

(b) Final Diagnosis or Injury : _____

(c) Principal Complications : _____

(d) Principal Associated Diseases : _____

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. : _____