

Slip

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

Printed By: IPD

SANTOSH SAMANTA

Male

50

PA19035888

22-Jun-2019

09:45

Patient's Name : Sex : Age : Yrs. Months Days

Patient Srl. No. : [WRD000001] Admission Date : [Free] Patient Category : PAYING/CABIN/GENERAL

Registration No. : ORFU;LI Ward : Bagnan P. S. Indian Bed No. : DO Howrah Hindu Patient Type : OPD/ER

Address : Municipality / Village : Post Office : PIN :

Police Station : Married District : State : LT., NARAYAN Nationality : Religion :

Address for Communication : SANKAR SAMANTA

Marital Status : [DOC0000062] DR. MANABENDRA ROY Patient's Occupation : Husband's Name : Phone / Mobile No. :

Brought By :

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :

*[Handwritten Signature]*

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
- (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. :

SARASWATI PRESS LIMITED  
F1  
08/18