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

Printed By: IPD

SANTOSH SAMANTA

Male

50

0

0

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 DO
Ward : Bagnan P. S. Howrah
Address : West Bengal Indian Bed No. : Hindu Patient Type : OPD/ER

Municipality / Village : Post Office : PIN :
Police Station : Married District :
State : LT. NARAYAN SAMANTA Nationality : Religion :
Address for Communication : SANKAR SAMANTA

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

Doctor/UNIT :
Whether Referred From :
Provisional Diagnosis :


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. :

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