

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

Vill.+P. D. S. ... P.S. :,Dist.- Howrah

Printed By

SWAPAN DOLUI

Male

57

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Patient's Name : PA19038931 06-Jul-2019 Sex : 12:40 Age : Yrs. Months D

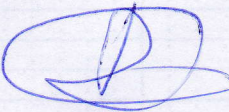
Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GEN
 RG19134518 Charge Coll. No.: [Free]
 [WRD0000013] DIALYSIS UNIT

Registration No. : Ward : KHARIDP Bed No. : DO Patient Type : OPD/ER
 Address : Anta P. S. Howrah

Municipality / Village : West Bengal Indian Post Office : Hindu PIN :
 Police Station : District :
 State : Nationality : Religion :

Address for Communication : Single Marital Status :
 LT BASUDEB DOLUI SEFALI DOLUI Patient's Occupation :
 Brought By : [DOC0000062] DR. MANABENDRA ROY Husband's Name :
 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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