DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL

BED HEAD TICKET ital

Vill.+P.O.+P.S. - Uluberia , P.S. f, Dist. - Howrah

Printed By:IP

Signature of the Doctor with Designation

ALOKE MARIK			Male 50 0				
Patient's Name :	PA19039352	A9-Ju	Sex:	Age:	Yrs.	Months	Day
Patient Srl. No. : Adn		Date:	Admission Time :		Category: PAYING/CABIN/GENER		NERA
MICH NO YOU I		arge Coll. No.:					
Registration No.:	[WRD0000013] DIALYS	IS UNIT	Bed No.	[Free]	Batlant To	· ODD /ED	
Ward : Address	BANTTALA		Bed No.:		Patient Ty	pe : OPD/ER	
Municipality / Village			Post Office :	00 Howrah	р	IN:	
Police Station :	West Bengal		Indian District :	Hindu		81 V •	
State :	Na	tionality:	Religion :				
Address for Communi	cation :						
400	Single LT DULAL CH MARIK						
Marital Status :	ARIJIT MARIK		Patient's Occupation :	0			
Father's Name :			Husband's Name . Phone / Mobile No. :				
Brought By :	[DOC0000085] DR. R	AJAT KANTI GASWAMI	Phone / Mobile No		1		
Doctor/UNIT :							
Whether Referred Fro	om:				1 1	2	
Provisional Diagnosis	: AA IN				M	-/ .	
				***************************************		10/1	
				Sig	gnature of A		der
IPC Serial No. :		Diery No.:			Design	nation	
		Draiy IVO.					
ir C Scriai No							
	it is a		Specify the p	lace of iniury	Whether	iniury occur	red
Specify if cause of acc		How injury	Specify the p			injury occur	red
Specify if	cident/	How injury Occurred		/Farm	wh		
Specify if cause of acc	cident/		Home	/Farm	wh	ile at work	
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Specify if cause of acc	cident/		Home	/Farm	wh	ile at work	
Specify if cause of acc	cident/ micide	Occurred	Home	/Farm eet / Others	wh	ile at work	
Specify if cause of acc Suicide/Ho	cident/ micide	Occurred be filled in BLOCK L	Home Factory / Str	/Farm eet / Others	wh	ile at work	
Specify if cause of acc Suicide/Ho	cident/ micide (Tearged/Left Against Medica	Occurred be filled in BLOCK L	Home Factory / Str	/Farm eet / Others Stay)	wh Specify	ile at work	
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Specify if cause of acc Suicide/Ho Suicide/Ho (a) Outcome : Disch (b) Final Diagnosis of the complete of the cause of acc Suicide/Ho (c) Principal Complication	cident/ micide (Tearged/Left Against Medications	be filled in BLOCK L	ETTERS at the end of Hospital : / Referred out / Death	/Farm eet / Others Stay)	wh Specif	ile at work y by Yes / No).
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Counter Signature of the Visiting Staff / Medical Officer