DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL

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

Printed By: IPD

Signature of the Doctor with Designation

Regn. No.:

	GOUTAM PAL				Male	58 0 a
Patient's Name:	PA19039368	08-J	ul-2019	Sex:	14:34 Age:	Yrs. Months Da
Patient Srl. No. : Registration No. :	Adn RG19136019 [WRD0000013] D	nission Date: Charge Coll. No.: HALYSIS UNIT	Adn	nission Time ;	Patient Cate	gory: PAYING/CABIN/GENER
Ward : Address	HELEDIP			Bed No. :		Patient Type : OPD/ER
Address Municipality / Village: Police Station: State: Address for Communicat Marital Status: Father's Name: Brought By:	LT UPANANDA LABANI PAL	Mationality : PAL DR. RAJAT KANTI GASWAMI	Husband	Post Office: District: Religion:	KANTAPUKUR Howrah Hindu	PIN:
Doctor/UNIT : Whether Referred From Provisional Diagnosis : PC Serial No. :	:	Diery No. :			bign.	nature of Admitting Officer Designation
Specify if it is a cause of accident/ Suicide/Homicide		How injury Occurred	Specify the place of inj Home/Farm Factory / Street / Oth		Farm	Whether injury occurred while at work Specify by Yes / No.
						00 00 00 00 00 00 00 00 00 00 00 00 00
		(To be filled in BLOCK LE	TTERS at th	e end of Hospital St	av)	
Outcome : Discharge						
A STATE OF THE STA	d/Left Against Me	dical Advice / Absconded /	Referred ou	t / Death		
					********************************	**************************************
) Final Diagnosis or Inj	ury	***************************************	*******************	*******************************		***************************************
Final Diagnosis or InjulyPrincipal Complication	ury			***************************************	**********************	
) Final Diagnosis or Injuly) Principal Complication) Principal Associated D	ns					***************************************
 Final Diagnosis or Injuly Principal Complication Principal Associated D ay in Hospital (in days)	ris			From		. to

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: