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

6

Regn. No.:

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

Signature of the Doctor with Designation

Regn. No.:

	AUDIEN INTT		Account of the second of the s	Male	CONTROL OF ANNALOS CONTROL CON
Patient's Name :	PA19040021	11-Jul-201	Sex:	Age:	Yrs. Months
Patient Srl. No.:	Admission Date	te:	Admission Time:	<sup>18:0</sup> Patient Cat	egory: PAYING/CABIN/GEN
Registration No. : Ward : Address	[WRD0000013] DIALYSIS U	e Coll. No.: NIT	Bed No. :	[Free]	Patient Type : OPD/ER
Municipality / Village Police Station : State : Address for Communic	West Bengal Nation:	ality:	Post Office : District : Religion :	ULUBERIA Howrah Hindu	PIN:
Marital Status : Father's Name : Brought By :	SUKUMAR VMAITY SADHANA HAZRA [DOC0000062] DR. MANABI	Hus	ent's Occupation : band's Name . ne / Mobile No. :	0	0.85 b
Doctor/UNIT : Whether Referred Fro Provisional Diagnosis :		yw'		(	\tag{\tau}
IPC Serial No. :	Diar	Mus'		Sig	nature of Admitting Officer Designation
Specify if it	isa			A STATE OF THE STA	CHINE CONTINUES TO AND ADDRESS OF THE CONTINUES OF THE CO
cause of acci Suicide/Hom	dent/	How injury Occurred	Specify the pl Home, Factory / Str		Whether injury occurred while at work Specify by Yes / No.
	dent/		Home	/Farm	while at work
Suicide/Hom	dent/ nicide (To be fill	Occurred	Home, Factory / Str	/Farm eet / Others	
Suicide/Hom	dent/ nicide  (To be fill ged/Left Against Medical Advice	Occurred  led in BLOCK LETTERS a	Home, Factory / Str at the end of Hospital St d out / Death	/Farm eet / Others tay)	while at work
a) Outcome: Discharg b) Final Diagnosis or I	(To be fill ged/Left Against Medical Advicent)	Occurred  led in BLOCK LETTERS are / Absconded / Referre	at the end of Hospital St	/Farm eet / Others tay)	while at work Specify by Yes / No.
a) Outcome: Discharg b) Final Diagnosis or I c) Principal Complicat	dent/ nicide  (To be fill ged/Left Against Medical Advice njury	Occurred  led in BLOCK LETTERS a	Home, Factory / Str at the end of Hospital St d out / Death	/Farm eet / Others tay)	while at work Specify by Yes / No.
a) Outcome: Discharg b) Final Diagnosis or I c) Principal Complicat	(To be fill ged/Left Against Medical Advicent)	Occurred  led in BLOCK LETTERS a	Home, Factory / Str at the end of Hospital St d out / Death	/Farm eet / Others tay)	while at work Specify by Yes / No.
a) Outcome: Discharg b) Final Diagnosis or I c) Principal Complicat d) Principal Associated	dent/ nicide  (To be fill ged/Left Against Medical Advice njury	Occurred  led in BLOCK LETTERS : ce / Absconded / Referre	Home, Factory / Str at the end of Hospital St d out / Death	/Farm eet / Others	while at work Specify by Yes / No.