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

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

Printed By:IPI

Signature of the Doctor with Designation

Patient's Name :	NASIRUDDIN MID			Sex:	Male Age:	Yrs. Mon	iths Day
Patient Srl. No. :	PA19039967 Adm	ission Date: 11-J	Ju1-2019 Admission	n Time :	13:2 Patient Categ	ory: PAYING/CAB	BIN/GENERA
Registration No. : Ward : Address	RG19138876 [WRD0000013] DI	Charge Coll. No.: ALYSIS UNIT	В	ed No. :	[Free]	Patient Type : Of	PD/ER
Audiess Municipality / Village : Police Station : State : Address for Communic	Panchla P. S. West Bengal	Nationality:	D	ost Office: istrict: eligion:	GANGADHARPU Howrah Muslim	PIN:	
Marital Status : Father's Name : Brought By :	Married L.T ABDUL ROUF NAJIMA MIDHA	MIDHA	Patient's Occu Husband's Na Phone / Mobil	me .	0		
Doctor/UNIT : Whether Referred Fro Provisional Diagnosis	m:	OR. MANABENDRA ROY				Me	
					Sign	nature of Admittin Designation	ng Officer
IPC Serial No. :		Diary No.:					
Specify if is cause of acc Suicide/Hor	ident/	Diary No. : How injury Occurred		Specify the pl Home, Factory / Str	/Farm	Whether injury while at w Specify by Ye	vork
Specify if it	ident/	How injury		Home	/Farm	while at w	vork
Specify if i cause of acc Suicide/Hor	ident/ nicide	How injury Occurred		Home, Factory / Str	/Farm eet / Others	while at w	vork es / No.
Specify if i cause of acc Suicide/Hor	ident/ nicide rged/Left Against N	How injury Occurred (To be filled in BLOCK ledical Advice / Absconde	d / Referred out / I	Home, Factory / Str and of Hospital S	Farm eet / Others	while at w	vork es / No.
cause of acc Suicide/Hor (a) Outcome: Discha (b) Final Diagnosis of	rged/Left Against N	How injury Occurred (To be filled in BLOCK ledical Advice / Absconde	d / Referred out /	Home, Factory / Str and of Hospital S Death	Farm eet / Others	while at w	vork es / No.
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Specify if incause of accession	rged/Left Against N Injury	(To be filled in BLOCK ledical Advice / Absconde	d / Referred out / I	Home, Factory / Str and of Hospital S Death	Farm eet / Others	while at w	vork

Counter Signature of the Visiting Staff / Medical Officer