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

Patient Sri. No.: Admission Date: Admission Time: Patient Category: PAYING/CABIN/GENER/ Patient Specification No.: Patient Type: OPD/FR Registration No.: Bed No.: Patient Type: OPD/FR Marked: Bed No.: Patient Type: OPD/FR Police Station: Chick Specification: Chick Specificati	Patient's Name : SAKILA	A BIBI	S Uluberia , P.S. :.Dist. Sex:	Famile Age:	Yrs. Months Day
Registration No.: Ward : REPROPERED JULY 1875 No.: Registration No.: Patient Type: OPD/ER Address Registration No.: Patient Type: OPD/ER Address Registration No.: Patient Type: OPD/ER Post Office: (Free) Pin: Potential State: (Free) Potential State: (F	entant restor amounts as consists are entered as the action of the state of the sta		Admission Time:		CONTRACTOR OF THE PROPERTY OF
Marial Comparison Compari	PA19039	964 11-J	u1-2019	13:11	
Address of Communication Packers					DAME AVE
Municipality / Village:		20037 Ch C-33 H-	Bed No.:		Patient Type : OPD/ER
Police Station: Paduria State Religion: CHAYASHI Re	1 1001 000		Part Office :	[Free]	DINI •
State : P	mentelbanel , amale .				8 88 %
Address for Communication Services Senger 1 Marital Status : Patient's Occupation : Rusian Marital Status : Patient's Name : Regret Husband's Name . Brought By : WLSUN KHATUN	State :	Nauonanty .			
Marital Status : Father's Occupation : Husband's Name : Brought By : Phone / Mobile No. : Sk SIRAJ Doctor/UNIT : KULSUM KHATUN	Address for Communication	Bengal	Indian		
Father's Name : Harried Brought By : KULSUM KHATUR Phone / Mobile No. : Sk SIRAJ Doctor/UNIT : Whether Referred From : [DOCB8868052] DR. RAMABENDRA ROY Provisional Diagnosis : PC Serial No. : Diary No. :					
Brought By : KULSUN RHATUN Doctor/UNIT : Whether Referred From: [DDDDe0e9462] DR. RAMABENDRA RDY Provisional Diagnosis : Specify if it is a cause of accident/ Suicide/Homicide 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 SX SIRAJ 6 Signature of Admitting Officer Designation Whether injury occurred while at work Specify the place of injury Home/Farm Factory / Street / Others Specify the place of injury while at work Specify by Yes / No.	Pathagla Managa				
Doctor/UNIT: Whether Referred From: [BDD000000062] DR, MANABENDRA ROY Provisional Diagnosis: Signature of Admitting Officer Designation	110011 1 45			OV OTDAT	
Whether Referred From: [DDD000000052] DR. MANABENDRA ROY Provisional Diagnosis: Signature of Admitting Officer Designation	KULSUN	1 KHATUN		OV OTUMA	1
Provisional Diagnosis: Signature of Admitting Officer Designation					4
Signature of Admitting Officer Designation	Provisional Diagnosis :	0000062] DR. MANABENDRA ROY			
Specify if it is a cause of accident/ Suicide/Homicide 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	Tivisional biegnoss.				
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Specify if it is a cause of accident/ Suicide/Homicide		N. C.			
Cause of accident/ Suicide/Homicide (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 while at work Specify by Yes / No.	IPC Serial No. :	Diary No.:			
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(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)					
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(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					
(b) Final Diagnosis or Injury	(a) Outcome Discharged Hotel			l Stay)	# E
(c) Principal Complications					
(d) Principal Associated Diseases	(b) Final Diagnosis or Injury		***************************************	**************************	***************************************
Stay in Hospital (in days) to to	(c) Principal Complications	***************************************		************************	
	(d) Principal Associated Disease	35	***************************************		***************************************
Date and Hour of Death					
	Stay in Hospital (in days)		From	***************************************	to

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation