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

The state of the s	THE RESIDENCE OF THE PROPERTY	ul established	uberia 9.D.	Hospsex:	Age:	Yrs. Months	Day
tient's Name :		Vill,+P,D,+P,S, - Uluberia , P.S.  Admission Tim		on Time:	Patient Cate	gory: PAYING/CABIN/GE	NERA
tient Srl. No.:	MADHUMITA MALIK	ate:	Manna		Female	24	
Service					17.1/	Patient Type : OPD/ER	1
egistration No.:	PA19037083	27-Jur	1-2019	Bed No.:	13:46	Patient Type . O. D.	
/ard : ddress :				Post Office :		PIN:	
Municipality / Village:		arge Coll. No.:		District :	[Free]		
olice Station :	[WRD0000013] DIALYS	is UNIT		Religion :			
tate Address for Communica					KHASMORA		
Address for Comments	Domejur P. S.		Patient's C	ccupation :	Howrah Hindu		
Marital Status :	West Bengal		Husband's	Name .			
Father's Name :			Phone / N	lobile No. :			
Brought By :	Married				JITEN	ORA MALIK	
Doctor/UNIT :					0		
Whether Referred Fro	m: BHOLA BAG		Din	1.			
Provisional Diagnosis	[DQC0000062] DR.	MANABENDRA ROY	Ma			Signature of Admitting	Office
						Designation	
		Diary No.:					
IPC Serial No. :		Diai g i to		C	ne place of injury	Whether injury o	ccurr
Specify if it is a cause of accident/		How injury		Specify u	ome/Farm	while at wo	rk
		Occurred	Factory		/ Street / Others	Specify by Yes	Specify by Yes / No
Suicide/Ho	omicide						
Carlot Control of the							
				e abo and of Hos	nital Stav)		
		(To be filled in BLOC	K LETTERS a	[ [ile eilu oi rio	Sites: a call		
(a) Outcome : Dis	charged/Left Against Me	dical Advice / Abscon	ded / Referre	d out / Death			
(a) Outcome: Dis	is or Injury		*****************		******************************	000000000000000000000000000000000000000	*******
(b) Final Diagnos	is or Injury	000000000000000000000000000000000000000			**********************	***************************************	*******
(c) Principal Con	plications		000000000000000000000000000000000000000	000000000000000000000000000000000000000		944009899988800808099988888888888888888	
(d) Principal Asso	ciated Diseases	202200000000000000000000000000000000000	000000000000000000000000000000000000000		90000		
					Erom	to	********
Convin Hospital (	in days)	***************************************			AND THE PROPERTY OF THE PERSON	Hrs	
Stay III 1103bien							
Stay III Hospital V	f Death		0002200000000000000000		dl	000000000000000000000000000000000000000	

Regn. No.:

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: