

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

Vill.+P. **BED-HEAD TICKET** P.S. : Dist.- Howrah

Printed By:

ABDUL SALAM MOLLA

Male

45

PA19037090

27-Jun-2019

14:11

Patient's Name : Sex : Age : Yrs. Months Day

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL [Free]

Registration No. : CHENGAIL DO
Ward : Amta P. S. Bed No. : Howrah Patient Type : OPD/ER

Address : West Bengal Indian Religion : Muslim

Municipality / Village : Post Office : PIN :

Police Station : District :

State : Married Nationality : Religion :

Address for Communication : SAHAJAN MO-LLA ARIFA BEGUM

Marital Status : Patient's Occupation :

Father's Name : [DOC0000062] DR. MANABENDRA ROY Husband's Name :

Brought By : Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

Signature of Admitting Officer
Designation

IPC Serial No. : Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.

(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

Date and Hour of Death at Hrs

Counter Signature of the Visiting Staff / Medical Officer
Regn. No. :

Signature of the Doctor with Designation
Regn. No. :

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