

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

Printed By: 1

VIVEKANANDA HALDER

Male

74

0 0

PA19037130

27-Jun-2019

10:28

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

Patient Srl. No. : R619127534 Admission Date : [WRD0000013] DIALYSIS UNIT Admission Time : Patient Category : PAYING/CABIN/GENER [Free]

Registration No. : GHOSALCHAK Ward : Uluberia P. S. Bed No. : BELKULAI Patient Type : OPD/ER

Address : West Bengal Indian Religion : Hindu

Municipality / Village : Post Office : PIN :

Police Station : District :

State : Single Nationality : Religion :

Address for Communication : LT TARAPADA HALDER TINA HALDER

Marital Status : Patient's Occupation :

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

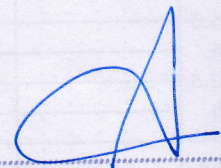
Brought By : Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

Dia
Diary No. :



Signature of Admitting Officer
Designation

IPC Serial 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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