

GOUTAM PAL

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

58

PA19038811

BED HEAD TICKET

18:06

RG19133892 Charge Coll. No.:

[WRD0000013] DIALYSIS UNIT

Patient's Name : Sex : [Free] Age : Yrs. Months Day

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

HELENDIP
Bagnan P. S.
West Bengal

Indian

PANTABUKUP
Howrah
Hindu

Registration No. : Ward : Bed No. : Patient Type : OPD/ER

Address : Single

Municipality / Village : LT UPANANDA PAL Post Office : PIN :

Police Station : SRABANI PAL District :

State : Nationality : Religion :


Address for Communication : [DOC0000130] DR. HARZAL BAYADA

Marital Status : Patient's Occupation :

Father's Name : Husband's Name :

Brought By : Phone / Mobile No. :

Doctor/UNIT :
Whether Referred From :
Provisional Diagnosis :


Signature of Admitting Officer
Designation

IPC Serial No. : *Chop* 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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