

ANINUL ISLAM MANIK

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

Male

45

0

PA19038904

18:14

RG19134733 Charge Coll. No.:

Patient's Name : [NRD0000013] DIALYSIS UNIT Sex : [Free] Age : Yrs. Months D

Patient Srl. No. : MAGUR HITAB SAK Admission Date : Admission Time : Patient Category : PAYING/CABIN/GEN

Panskura P. S.
West Bengal

Indian

Midnapore (E)
Muslim

Registration No. :

Ward :

Bed No. :

Patient Type : OPD/ER

Address : Widowed

Municipality / Village : LT DIL MOHAMMAD MANIK

Police Station : MAJEDA BIBI

Post Office :

PIN :

State :

Nationality :

District :

Religion :

Address for Communication : [DDC0000062] DR. MANABENDRA ROY

Marital Status :

Patient's Occupation :

Father's Name :

Husband's Name :

Brought By :

Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

CKW

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. :