DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL

BED HEAD TICKET

Vill.+P.O.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Printed By:IP

	AMINA BEGAM				Female	30 0	0
Patient's Name :			MINISTER DE MAIS CHE MANNESS AND	Sex:	Age:	Yrs. Mor	nths Day
Patient Srl. No. :	PA19036363 Ad	mission Date: 24-J	Jun-2019 Admissio	on Time :	12:0Patient Cate	gory: PAYING/CA	BIN/GENERA
egistration No.: RG19124023 Charge Coll. No.: ard : [WRD0000013] DIALYSIS UNIT		Bed No.:		[Free]	Patient Type : OPD/ER		
Address Municipality / Villag Police Station : State : Address for Commu	Bagnan P. S. West Bengal	NAN Nationality:	Tadian	Post Office : District : Religion :	BAINAN Howrah Muslim	PIN:	
Marital Status : Father's Name : Brought By :	rital Status : Married her's Name : MINKTART		Patient's Occupation : Husband's Name . Phone / Mobile No. :		HATEM ALI	MOLLAH	
Doctor/UNIT : Whether Referred I Provisional Diagnos	rom:	DR. RAJAT KANTI GASWAMI	I			Sn	
IPC Serial No. :		Diary No.:			Sig	gnature of Admitt Designation	and the second s
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.	
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and burning the control of the contr		(To be filled in BLOCK	K LETTERS at the	end of Hospital	Stay)		
(a) Outcome: Dis	charged/Left Agains	t Medical Advice / Abscond	led / Referred out	. / Death			
(b) Final Diagnosi	s or Injury		***************************************				***************************************
(c) Principal Com	olications						****************
(d) Principal Associ	iated Diseases		062000000000000000000000000000000000000		***************************************		***************************************
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Stay in Hospital (in	Care Jay Terretain				THE RESIDENCE OF THE PERSON OF	CHARLES OF THE OWNER OWNER OF THE OWNER OWN	