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



Signature of the Doctor with Designation

Vill.+P.O.+P.S. - Wighteria S.D. Hospital

Patient Srl. No.: PALY965249 Admission Date: 24-Jun-2019 Admission Time: 8019123368 Charge Coll. No.: 24-Jun-2019 Admission Time: 8019123368 Charge Coll. No.: 1 Bed No.: Fase: Patient Type: OPD/ER Ward: 10808086431 black YSIS INIT Bed No.: 1 Fase: Patient Type: OPD/ER Municipality / Village: 800726 Bed No.: 1 Bed No.:	Patient's Name :	MADAN MAHA	Control of the contro		Oldberl	Sex:	Acat	Vea	Printed	
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Address for Communication: Marital Status:								P	N:	
Marital Status : Harriad Father's Name : RATHER HAHATO Husband's Name : RANDYAN MAHATO Phone / Mobile No. : 9 Doctor/UNIT : (800-8989114] DR. BISHAJIT CHEL Phone / Mobile No. : 9 PC Serial No. : Diary No. : Signature of Admitting Officer Designation Specify if it is a cause of accident/ How injury Suicide/Homicide Occurred Factory / Street / Others Pacify by Yes / No. (To be filled in BLOCK LETTERS at the end of Hospital Stay) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death Final Diagnosis or Injury Principal Complications Principal Complications In Hospital (in days) From to many part of the pack of the place of injury while at work packing of the place of injury occurred while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work packing of the place of injury while at work p	Address for Communicati	West Bengal	Nationalit	y :	Indian					
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Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: