

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

Vill. P.O. S. S. Dist. - Howrah

Printed By

BABLU BAR

Male

36

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PA19038571

04-Jul-2019

13:31

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

Patient Srl. No. : Admission Date : Coll. No. : Admission Time : Patient Category : PAYING/CABIN/GENER [Free]

Registration No. : SONAMUI BHAGABATIPUR Bed No. : SONAMUI Patient Type : OPD/ER

Ward : Amta P. S. Address : West Bengal Indian Hindu

Municipality / Village : Post Office : PIN :

Police Station : District :

State : Single Nationality : Religion :

Address for Communication : LT PANU BAR SELF

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 :

Dialyze

[Signature]

*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. :

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