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

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

Printed By:IP

Regn. No.:

	GOBINDA HAZRA				Male	40	0	0
atient's Name :	PA19038723	<b>0</b> 5-	Jul-2019	Sex:	10:04 Age:	Yrs.	Months	Day
atient Srl. No.:	Admission Da	ite:	Admi	ssion Time:	Patient Cate	gory: PAYIN	G/CABIN/G	ENERA
a department has a	RG19133391 Char [WRD0000013] DIALYSIS	rge Coll. No.: 3 UNIT			[Free]			
Registration No. : Ward				Bed No.:	DO	Patient Typ	pe : OPD/El	R
Address -	ANTILA Bagnan P. S.				Howrah	Parket and the second	INI.	
Municipality / Village:	West Bengal		Indian	Post Office : District :	Hindu		IN:	
Police Station :	Natio	nality:		Religion :				
Address for Communication								
Marital Status	LT NIMAI HAZRA		Patient's	Occupation :	<b>Ø</b>			
Marital Status : Father's Name :	KAKOLI HAZRA		Husband's Name					
Brought By :	[DOC0000130] DR. MRINAL BAYADA		Phone /	Phone / Mobile No. :				
Doctor/UNIT : Whether Referred From : Provisional Diagnosis :	(5)					Si	)	
						ignature of A	dmitting C	
IPC Serial No. :	r	Diary No.:				Design	nation	
		Treat y 100.		Constitution	alace of injury	Mhethe	r injury occ	rurred
Specify if it is cause of accide		How injury		Specify the place of injury Home/Farm		while at work		
Suicide/Homio		Occurred		Factory / Street / Others		Specify by Yes / No.		
	(То І			the end of Hospita	l Stay)			
(a) Outcome: Discharg	ged/Left Against Medical	Advice / Abscond	led / Referred	out / Death				
	njury							044008008
(c) Principal Complicat	ions	***************************************	*****************	######################################	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		aasaaaaaaaaaa	100000000000
(d) Principal Associated	1 Diseases			000000000000000000000000000000000000000		**********************		
Stav in Hospital (in day	s)s	************************************		From	n	to	648668860E98868688	*******
de la companya de la	1			at		Hrs		
English and the second								
Complem Company & A	he Visiting Staff / Medica	of Officer			Signatu	re of the Doo	tor with D	esign
Counter Signature of the	HE AIDINILY DESILY INCRICE	H WILLIAM			Dage			

Regn. No.: