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

Uluberia S.D. Hospital Vill.*P.O.*P.S. - Uluberia , P.S. :,Dist.- Howrah

The same of the sa		Sex:	Male Age:	Ars. Months
ient's Name : TAPAN SANTRA		-2019 Admission Time:	07-2 Patient Cates	gory: PAYING/CABIN/GENER
tient Srl. No.: PA19040932 Admi	ission Date: 16-Jul	-7814 Valuesian runa.	T t was to	
gistration No.: RG19142208	Charge Coll. No.:	Bed No.:	(Free)	Patient Type : OPD/ER
ard : [WRD0000013] DI	ALYSIS UNIT			PIN:
ldress unicipality / Village : KAURCHAN	DI	Post Office: District:	AMALHANDA Midnapore(
olice Station : Kolaghat P. S.	Nationality:	Indian Religion :	Hindu	
ate : West Bengar ddress for Communication :	1400001011-3			
larital Status : Single		Patient's Occupation :		
other's Name : ANUDHAJ SANTRA		Husband's Name . Phone / Mobile No. :	8	
rought By : PRAVAIL MAILI		Phone / Mobile 146.		
OCTOL/ OLAL	DR. RAJAT KAMTI GASWAMI			
Whether Referred From:	11 LA	Tow Sia	lessio	aeun on
Provisional Diagnosis:	ramov	5	0	Signature of Admitting Office
				Designation
PC Serial No. :	Diary No.:			
Specify if it is a		How injury H Occurred Factory		Whether injury occur while at work
cause of accident/				Specify by Yes / No
Suicide/Homicide	Occurren			
	(To be filled in BLOC	K LETTERS at the end of Hos	pital Stay)	
(a) Outcome: Discharged/Left Again	st Medical Advice / Abscon	ded / Referred out / Death		
(b) Final Diagnosis or Injury				
(c) Principal Complications	***************************************	0.004.00.000.000.000.000.000.000.000.00		
(d) Principal Associated Diseases	000000000000000000000000000000000000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000
118周目=司建				
				to
Stay in Hospital (in days)				to
Date and Hour of Death	***************************************	000000000000000000000000000000000000000	dt	500000000000000000000000000000000000000

Counter Signature of the Visiting St	taff / Medical Officer		Signa	ature of the Doctor with De egn. No. :
Counter Signature of the visiting s.			No	Busselle

Regn. No.: