DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL BED HEAD JICKET ital

SARASIVATY PRESS, IMITED

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

David

Signature of the Doctor with Designa

Patient's Name :		WARRANCO COLONIA DE CONTRACIONA DE SOCIO CALTERNO DE CONTRACIONA D					
THE RESERVE OF A SECURITION OF THE PROPERTY OF THE PERSON	PA19041026	17	-Ju1-2019	Sex:	Age:	Yrs. Month	
Patient Srl. No.:	Admission Date :		The second secon	Admission Time:		Patient Category: PAYING/CABIN	
Registration No.:	RG19143102 [WRD0000013] DIA	Charge Coll. No.:			[Free]	egory. Paying/Cabin	
Address	ENAKAGIT I	ATHE		Bed No.:	to a 1 declarity	Patient Type : OPD	
Municipality / Village:	BAURIA P. S.	MCUC)	AF THE STATE OF TH		UNAKASHI		
Police Station :	West Bengal		Indian	Post Office:	Howrah	PIN:	
State :		Nationality:		District :	Hindu		
State : Address for Communica	Mian: Single			Religion :			
Marital Status :	LT KESHAR DHA	RA					
Father's Name :	JHARNA DHARA		Patient's	Occupation :			
Brought By :			Husband's Name Phone / Mobile No. :		Ø		
	[DOC0000130] DR	. MRINAL BAYADA	Phone / I	Mobile No. :			
Octor/UNIT: Mether Referred From Provisional Diagnosis:	1:						
					 Sig	nature of Admitting O	
C Serial No. :		Diary No.:				Designation	
Specify if it is	8		Section to the second section of the section of the second section of the section of the second section of the sectio			wastery-nostanger-ray, where	
cause of accident/		How injury		Specify the place of injury		Whether injury occu	
Suicide/Homicide		Occurred		Home/Farm Factory / Street / Others		while at work	
			MATERIAL STATE OF THE STATE OF			Specify by Yes / A	
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	T	o be filled in BLOCK I	TTERS at the	and of Hourist Ca.			
Outcome : Discharge	(Tod/Left Against Medic	o be filled in BLOCK LI	TTERS at the	end of Hospital Sta	у)		
	d/Left Against Medic	al Advice / Absconded	Referred out	/ Death			
Final Diagnosis or Inju	d/Left Against Medic	al Advice / Absconded	Referred out	/ Death	700380000380038000080008885000		
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Final Diagnosis or Inju Principal Complication Principal Associated Di in Hospital (in days)	d/Left Against Medic	al Advice / Absconded	Referred out	/ Death		***************************************	
Final Diagnosis or Inju Principal Complication Principal Associated Di in Hospital (in days)	d/Left Against Medic	al Advice / Absconded	Referred out	/ Death	200000000000000000000000000000000000000	. to	

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: