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

SARASWATY PRESS, IMITED

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Patient Srl. No.:	Admissio	n Date: U.	uberi Adniission Timel:	Patient Cat	egory: PAYING/CABII
		YAALSII SUSTI SÜS	- Uluberia , P.S. : Dist	Howrah	Prin
Registration No.:	SK. HABIBUR RAI	·laman		Male	31 0
Ward:			Bed No.:	Hare	31 Patient Type : O₹D
Address	The Port of the Po	16-701	which the applications are the contraction of the	20:56	
Municipality / Village Police Station :	2:		Post Office :		PIN:
State :	RG19143221	aton Pell lin .	District :		
Address for Communication RD00000013] D.		ationalistic No.:	Religion :	[Free]	
				Tr. Leaf	
Marital Status :	ALIPUKUR		Patient's Occupation :	BAHIRA	
Father's Name :	Uluberia P. S.		Husband's Name .	Howrah	
Brought By :	West Bengal	1	Phone / Mobile No. :	Muslia	
Doctor/UNIT :					
Whether Referred Fr	com Married				
Provisional Diagnosis	: SK. MIKAIL				11
	SELIMA BEGAM			0	4
	[DOC0000130] DR. M	RINAL BAYADA		Si	gnature of Admitting
IPC Serial No. :					Designation
ii C Scriet IVO.		Diary No.:			
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Specify if			Specify the p	lace of injury	Whether injury or
cause of ac	cident/	How injury	Specify the p	lace of injury /Farm	
	cident/	How injury Occurred	Home		Whether injury or while at wor Specify by Yes /
cause of ac	cident/		Home	/Farm	while at wor
cause of ac Suicide/Ho	cident/ omicide	Occurred be filled in BLOCK LET	Home Factory / Str	/Farm reet / Others	while at wor
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cause of ac Suicide/Ho Suicide/Ho a) Outcome: Discha b) Final Diagnosis o c) Principal Complic d) Principal Associat tay in Hospital (in da	(To arged/Left Against Medica r Injury	be filled in BLOCK LET Advice / Absconded /	TERS at the end of Hospital S Referred out / Death From	/Farm reet / Others	while at wor Specify by Yes /

Signature of the Doctor with Des

Regn. No.:

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: