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

Patient's Name: Packer Core Constitution Patient Sri. No.: Admission Date: Admission Time: Patient Category: PAYING/CABIN/GENERA Registration No.: PA19203783 PA19203	Patient Srl. No. : PA Registration No. : Ward : R Address Municipality / Village :	Admission Date: 19038703 G19133207 Charge Coll. No WRD0000013) DIALYSIS UNIT UNSANI	Admi 05-Ju1-2019	Sex :	Age: Male Patient Cate 07:31	Yrs. Months Day gory: PAYING/CABIN/GENERA
Patient Srl. No.: Admission Date: Admission Time: Patient Category: PAYING/CABIN/GENEAN Patient Style: O7:31 Registration No.: Ward : 6619133267 Charge Coll. No.: Bed No.: Patient Type: OFD/ER Address Cate : 6619133267 Charge Coll. No.: Bed No.: Patient Type: OFD/ER Address Cate : 6619133267 Charge Coll. No.: Bed No.: Patient Type: OFD/ER Address Cate : 6619133267 Charge Coll. No.: Post Office: Obstrict : 50AL B8T PIN: Obstrict : 50AL B8T PI	Registration No.: Ward : R Address	Admission Date: 19038703 G19133207 Charge Coll. No WRD0000013) DIALYSIS UNIT UNSANI	05-Jul-2019		Patient Cate 07:31	gory: Paying/Cabin/Genera
Registration No.: Ward : BS19133987 Charge Coll. No.: Bed No.: Patient Type : OPD/ER Address (ROPPORTS) DIRITIONS URIT Post Office : Obstrict : 658L BAT Fin. State : JABSON F. S. Nationality : Religion : Hourah Hindu Marital Status : Barried Patient Support Hindu Brought By : LT GATICSH KUMAR BHOSK Patient's Occupation : Husband's Name Brought By : LT GATICSH KUMAR BHOSK Phone / Mobile No. : Sepecify if it is a COCCOMMENT DIRITION COCCURRED COCCURRED COCCURRED Signature of Admitting Officer Designation Designation Dirity Coccurred Dirity Specify the place of injury Whether injury occurred Whether Referred From : [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	Registration No. : Ward : R Address Municipality / Village :	G19133207 Charge Coll. No WRD0000013) DIALYSIS UNIT UNSANI		Bed No. :		Patient Type · OPD/FP
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Counter Signature of the Visiting Staff / Medical Officer Regn. No.:

Signature of the Doctor with Designation Regn. No.: