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

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

Printed By:IP

| Patient's Name : | 0450477072 | | Sex : | Male Age: | 38 Yrs. | Months | Day |
|--|--|----------------------------|--|------------------------------|-----------------------|--|-----------------|
| Patient Srl. No. : | Admission I | 01 Jul 2 Date : | Admission Time : | 10118 Patient Cate | gory: PAYIN | G/CABIN/GI | ENERA |
| Registration No. : Ward : | R619129745 Ch. [WRD0000013] DIALYS) | arge Call. No.: IS UNIT | Bed No. : | [Free] | Patient Typ | be : OPD/ER | |
| Address Municipality / Village : Police Station : State : Address for Communic | West Bengal Nati | Int onality : | Post Office : District : Religion : | JAL BIÈWA Howrah Hindu | | IN : | S LEV |
| Aarital Status : LT LAKGHMAN CH ADHIKARY ather's Name : CHIRANJIT Frought By : [DDC0000085] DR. RAJAT KANTI GASWAN | | | Patient's Occupation : Husband's Name . Phone / Mobile No. : | 0 | f | | |
| Doctor/UNIT : Whether Referred Fro Provisional Diagnosis : | | | | fr 51 | gnaturelof A | Amptting Q | fider / |
| IPC Serial No. : | | Diary No. : | | | Design | ation | |
| Specify if i cause of acc Suicide/Hor | cident/ | How injury Occurred | | place of injury e/Farm | wh | injury occu ile at work y by Yes / N | |
| Suicide/ Hol | miciae | | | reet 7 Others | Specin | y by 10371 | |
| Suicide/ Ho | micide | | | reet / Oulers | Specin | , by 103 , 1 | |
| | (To | | TERS at the end of Hospital | | Specin | | SEONIE A |
| (a) Outcome : Discha | (To arged/Left Against Medical | Advice / Absconded / R | TERS at the end of Hospital teferred out / Death | Stay) | | | TEL NO FEERERS |
| (a) Outcome : Discha (b) Final Diagnosis o | (To arged/Left Against Medical or Injury | Advice / Absconded / R | TERS at the end of Hospital Referred out / Death | Stay) | | | I RESULTION BIG |
| (a) Outcome : Discha (b) Final Diagnosis o (c) Principal Complia | (To arged/Left Against Medical or Injury | Advice / Absconded / R | TERS at the end of Hospital teferred out / Death | Stay) | | | LE NO PARAGE |
| (a) Outcome : Discha (b) Final Diagnosis o (c) Principal Complia | (To arged/Left Against Medical or Injury | Advice / Absconded / R | TERS at the end of Hospital Referred out / Death | Stay) | | | TEL NO FEERERS |
| (a) Outcome : Discha (b) Final Diagnosis o (c) Principal Complia (d) Principal Associat | (To arged/Left Against Medical or Injury | Advice / Absconded / R | TERS at the end of Hospital Referred out / Death | Stay) | | | |

Counter Signature of the Visiting Staff / Medical Officer

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Signature of the Doctor with Designation Regn. No. :