DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL

BED HEAD TICKET pital

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

Printed B

Signature of the Doctor with Designation

Regn. No.:

	RENUKA MONDAL		Female	55 0
Patient's Name:		Sex:	Age	
Patient Srl. No.:	PA19038158 Admission Date:	^{02-Jul-2019} Admission Time:	11: Patient Ca	ategory: PAYING/CABIN/GEN
Registration No. : Ward : Address	RG19130931 Charge Coll. No. [WRD0000013] DIALYSIS UNIT	Bed No.:	[Free]	Patient Type : OPD/ER
Municipality / Village: Police Station: State: Address for Communic	West Bengal Nationality:	Post Office Indian District Religion	DO Howrah Hindu	PIN:
Marital Status : Father's Name : Brought By :	Married RIMPA MONDAL [DOC0000130] DR. MRINAL BAYADA	Patient's Occupation : Husband's Name . Phone / Mobile No. :	LAXMAN 0	MONDAL
Doctor/UNIT : Whether Referred From Provisional Diagnosis :				h
PC Serial No. :	Diary No. :			ignature of Admitting Office Designation
Specify if it cause of accide/Hom	dent/ How injur	· ·	the place of injury lome/Farm / Street / Others	Whether injury occurred while at work Specify by Yes / No.
cause of acci	dent/ How injur	· ·	lome/Farm	
cause of accide/Hom	dent/ How injur icide Occurred (To be filled in BLOC	Factory CK LETTERS at the end of Hosp	lome/Farm / Street / Others	while at work
cause of accide/Hom Suicide/Hom a) Outcome: Dischar	(To be filled in BLOC ged/Left Against Medical Advice / Abscond	Factory CK LETTERS at the end of Hosp ded / Referred out / Death	ital Stay)	while at work Specify by Yes / No.
cause of accide/Hom Suicide/Hom a) Outcome: Dischar b) Final Diagnosis or l	(To be filled in BLOC ged/Left Against Medical Advice / Abscondinjury	Factory CK LETTERS at the end of Hosp ded / Referred out / Death	Iome/Farm / Street / Others ital Stay)	while at work Specify by Yes / No.
cause of accide/Hom Suicide/Hom Outcome: Discharge Final Diagnosis or l Principal Complicat	(To be filled in BLOC ged/Left Against Medical Advice / Abscondinjury	Factory CK LETTERS at the end of Hosp ded / Referred out / Death	ital Stay)	while at work Specify by Yes / No.
cause of accide/Hom Suicide/Hom Outcome: Discharge Final Diagnosis or l Principal Complicat	(To be filled in BLOC ged/Left Against Medical Advice / Abscondinjury	Factory CK LETTERS at the end of Hosp ded / Referred out / Death	ital Stay)	while at work Specify by Yes / No.
cause of accide/Hom Suicide/Hom a) Outcome: Discharge b) Final Diagnosis or I c) Principal Complicated d) Principal Associated	(To be filled in BLOC ged/Left Against Medical Advice / Abscondinjury	Factory CK LETTERS at the end of Hosp ded / Referred out / Death	ital Stay)	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: