## DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL BED HEAD TICKETpital

Signature of the Doctor with Designation

1114	9035896			Male	46 0
Patient Srl. No. :	L.L.	-Jun-2019	Sex:	10:41 Ag	e: Yrs. Months
	Admission Date:	Adr	mission Time:	Patient	Category: PAYING/CABIN/GEN
Ku	19122419 Charge Coll. No.:				
	RD0000013] DIALYSIS UNIT			[Free]	
Ward : : Address	GHATAL		Bed No. :	(ree)	PARK C
	ital P. S.		ECO IVV.	GHATAL	Patient Type : OPD/ER
	st Bengal	Indian	Post Office:	Midnapo	re (W)
State		41101411	District :	Hindu	PIN:
Address for Communications:	Nationality:		Religion :		
17	ried SITAL PATRA				
relatival Status . Clip.	ARNA PATRA	Patientle	Occumation		
rauler's Name :	THE STATE OF THE S	Husband	Occupation :	0	
Brought By : [Di	OC0000062] DR. MANABENDRA ROY		Mobile No. :		
Doctor/UNIT :	man taritis significant	111011671	around 140.		
Whether Referred From:					
Provisional Diagnosis:					(, / )
					110 cel
					142001
					Signature of Admitting Office
PC Serial No. :	Diary No.:				Designation
P					
Specify if it is a cause of accident/	Harris I	Specify the place of injury Wh		3.41	
	How injury		Home/Farm		Whether injury occurred
Suicide/Homicida	Occurred		Home/	arm	and the state of
Suicide/Homicide	Occurred		Factory / Stre		while at work Specify by Yes / No.
	(To be filled in BLOCK LE	TTERS at the	end of Hospital Sta	et / Others	While at work Specify by Yes / No.
Outcome : Discharged/Left	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	Factory / Stre end of Hospital Sta	et / Others	While at work Specify by Yes / No.
Outcome: Discharged/Left Final Diagnosis or Injury	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	end of Hospital Sta	et / Others	while at work Specify by Yes / No.
Outcome: Discharged/Left Final Diagnosis or Injury Principal Complications	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	end of Hospital Sta / Death	et / Others	while at work Specify by Yes / No.
Outcome: Discharged/Left Final Diagnosis or Injury Principal Complications	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	end of Hospital Sta / Death	et / Others	while at work Specify by Yes / No.
Outcome: Discharged/Left Final Diagnosis or Injury Principal Complications Principal Associated Diseases in Hospital (in days)	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	end of Hospital Sta / Death	y)	while at work Specify by Yes / No.
Outcome: Discharged/Left Final Diagnosis or Injury Principal Complications Principal Associated Diseases in Hospital (in days)	(To be filled in BLOCK LE Against Medical Advice / Absconded /	Referred out	end of Hospital Sta / Death From	y)	while at work Specify by Yes / No.

Regn. No.: