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

Signature of the Doctor with Designation

| | | | RAMPURHAT (PH:0) | | |
|------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|
| Patient's Name: M | ir muntaj ali | | Sex: Ma | le Age: | 52 Yrs. O Months O Days |
| Patient Srl. No. : | Admis HSH/PA190005776 | sion Date : [24-07-2019] | Admission Time : | | egory : PAYING/CABIN/GENERAL Free |
| Ward. : M | HSH/RG190014339 IMW | 2 | Bed No. | | Patient Type: OPD/ER ency |
| | hargram Vest Bengal | Nationality: India | Post Office : District : Religion : | DO Murshidabad Muslim | PIN: 000000 |
| Father's Name: | ingle T. ZAFAR ALI ON | | Patient's Occupation : Husband's Name : Phone / Mobile No. 00000 | 000000 | |
| Doctor/UNIT: / Whether Referred Fr Provisional Diagnosi | | Н | | | |
| IPC Serial No. : | | Diary No. : | | Si | ignature of Admitting Officer Designation |
| Specify it cause of a Suicide/Ho | ccident/ | How injury Occurred | Hor | e place of injury ne/Farm Street / Others | Whether injury occurred while at work Specify by Yes / No. |
| | | | | | |
| | | (To be filled in BLOCK LET | ITERS at the end of Hospit | al Stav) | |
| (a) Outcome : Disc | haraged/Left Against I | Medical Advice / Absconded A | | | |
| lest mesenciain : minor. | 9 | | | | |
| | | *************************************** | | ************************* | |
| (b) Final Diagnosis | or Injury | | | | |
| (b) Final Diagnosis (c) Principal Compli | or Injury | | | | |
| (b) Final Diagnosis (c) Principal Compli | or Injury | | | | |
| (b) Final Diagnosis(c) Principal Compli(d) Principal Assoc | or Injuryications , | | | | |