Rd at 2:40am, - F17 L 13-6

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

User Name : TRIDIP BISWAS

Medical College and Hospital, Kolkata
88, College Street, Kolkata-700073
(PH:0)

Patient's Name : Sex : Male Age : 14 Yrs. 0 Months 0 Days

Patient Srl. No. : Admission Date : Admission Time : 1:48 AM Patient Category : PAYING/CABIN/GENERAL

Registration No.: Bed No. Patient Type : OPD/ER Emergency

Ward. :

Address Post Office : RABINDRA NAGAR PIN : 700065

Municipality / Village : District : North 24-Parganas

Police Station : Religion : Hindu

State : Nationality : India

Address for Communication :

Marital Status : Patient's Occupation :

Father's Name : Husband's Name : 9875402151

Brought By : Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

Dr. Ananta Sarkar
Sr. R. D.
Medical College & Hospital
Signature of Admitting Officer
Designation

IPC Serial No. : 6817 Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.
To SRMO, Please Transfer this pt to any bed in MCH-1 (M)			

24/6

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharaged/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 ..... 06/24/2019 01:58 AM

Date and Hour of Death ..... at ..... Hrs .....

.....
Counter Signature of the Visiting Staff / Medical Officer
Regn. No.

.....
Signature of the Doctor with Designation
Regn. No.