

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION
BED HEAD TICKET
Medical College and Hospital, Kolkata
88, College Street, Kolkata-700073
(PH:0)

User Name : TRIDIP BISWAS

Rd 7.12.2018

Patient's Name : ANARUL SK Sex: Male Age: 22 Yrs. 0 Months 0 Days
Patient Srl. No. : MCHK/PA1800069148 Admission Date: 03-09-2018 Admission Time: 6:44 AM Patient Category: ^{Free} PAYING/CABIN/GENERAL

Registration No. MCHK/RG1800843840 Bed No. 41 Patient Type: ^{Emergency} OPD/ER
Ward. MCH 1ST FLOOR MALE

Address: *at last / S.C.L-1* Post Office: DO PIN: 000000
Municipality / Village: SOAD KULUT District: Murshidabad
Police Station: Bharatpur Religion: Muslim
State: West Bengal Nationality: India

Marital Status: Married Patient's Occupation:
Father's Name: ALAI SK Husband's Name:
Brought By: TARZEN SK Phone / Mobile No.: 7063852203

Doctor/UNIT: UNIT 2 (GENERAL MEDICINE) / PROF. AMIT KR BANERJEE / DR. PAI BHATTACHARYA

Whether Referred From:
Provisional Diagnosis:

*TO SROD TRANSFER ME
DT TO MCH 2ND
FAN 222
S.M. 4*

*Sr. O. D. Hospital
Medical College and Hospital
Kolkata
Signature of Admitting Officer
Designation*

TARZENSK

IPC Serial No. :

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.
<i>Please allow temporary DRUG for this patient</i>	<i>allow temporary DRUG for this patient</i>	<i>14/09/18</i> <i>Medical College Hospital Kolkata</i>	<i>Allow AH 14/9</i>

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

(a) Outcome : Discharged/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 09/03/2018-06:58 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.