

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

BED HEAD TICKET

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

User Name : URMI MONDAL RSK

Relat 11-55 AM

A - 21 81

Patient's Name: SUBHADRA ADHIKARY Sex: *Female* Age: *52* Yrs. Months Days
Patient Srl. No.: MCHK/PA1900033620 Admission Date: [04-05-2019] Admission Time: [11:27 AM] Patient Category: PAYING/CABIN/GENERAL

Registration No.: MCHK/RG1900393531 Bed No. Patient Type: OPD/ERY
Ward: NISTARINI DASI
Address: Post Office: BONGAON PIN: 743235
Municipality / Village: BONGAON PADAPARA District: North 24-Parganas
Police Station: Bongaon Religon: Hindu
State: West Bengal Nationality: dia
Address for Communication:

Marital Status: Married Patient's Occupation:
Father's Name: Husband's Name: MADAN MOHAN ADHIKARY
Brought By: DO Phone / Mobile No.: 91982500

Doctor/UNIT: UNIT C2 (GYNECOLOGY) / DR.S.CHAKRABORTY/DR.P.MAZUMDER/DR.P.BHATTACHARYA/DR. DR.J.K.Saha
Whether Referred From:
Provisional Diagnosis:

Signature of Admitting Officer
Designation

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.
	<p><i>I have been explained in my own language that my phi is a K/C/O CA cervix III B & is now having U/Ls → 129/13.2 & the features of obstructive uropathy & patient is having resp distress & abd swelling & discomfort, but may deteriorate at any point of time. & may die due to uraemia. knowing all these</i></p>		

(To be filled in BLOCK LETTERS at the end of Hospital Stay) *I give Consent for further M.M.*

- (a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death *Madan Mohan Adhikari*
- (b) Final Diagnosis or Injury..... *(Husband)*
- (c) Principal Complications..... *I am taking the patient to SKM for dialysis on*
- (d) Principal Associated Diseases..... *temporary DORB basis*

Jyoti Adhikari
From to
Brown Dulan

Stay in Hospital (in days) at Hrs *05/04/2019 11:25 AM*
Date and Hour of Death
1 of 4

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

Signature of the Doctor with Designation
Regn. No.