

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

*Ad at 9.25 Am.*

*FS*

PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION

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

User Name : SUMON GHOSH

Patient's Name : SUMA DAS Sex : Female Age : 37 Yrs. 0 Months 0 Days

Patient Srl. No. : MCHK/BA19000 Admission Date : [ 23-04-2019 ] Admission Time : 3:09 PM Patient Category : PAYING/CABIN/GENERAL

Registration No. : MCHK/RG1900360009 Bed No. : \_\_\_\_\_ Patient Type : ORD/ERgency  
Ward. : MCH 1ST FLOOR FEMALE

Address : \_\_\_\_\_  
Municipality / Village : 2/2 THAKER ROAD Post Office : ALIPUR PIN : 700027  
Police Station : Alipore District : Kolkata  
State : West Bengal Nationality : India Religion : Hindu  
Address for Communication : \_\_\_\_\_

Marital Status : Married Patient's Occupation : \_\_\_\_\_  
Father's Name : \_\_\_\_\_ Husband's Name : DIPANKAR DAS  
Brought By : SAME Phone / Mobile No. : 890537090

Doctor/UNIT : UNIT 2 (GENERAL MEDICINE) / PROF. AMIT KR BANERJEE / DR. RAJA BHATTACHARYA Dr. Sumanta Sarkar  
Whether Referred From : \_\_\_\_\_  
Provisional Diagnosis : \_\_\_\_\_

*M*  
*23/04/19*

*EMC*  
*Medical College Hospital*  
*Kolkata*

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.
	<i>To the road</i>		
	<i>please transfer the pt. to</i>		<i>CCU BIN-A-1</i>
	<i>pt to</i>		<i>Room</i>
	<i>2nd floor - 243</i>		
	<i>Allowed</i>		

- (a) Outcome : Discharged / Left Against Medical Advice / Absconded / Referred out / Death
- (b) Final Diagnosis or Injury : \_\_\_\_\_
- (c) Principal Complications : \_\_\_\_\_
- (d) Principal Associated Diseases : \_\_\_\_\_

*EMC*  
*Medical College Hospital*  
*Kolkata*  
*Emergency Medical Officer*

Stay in Hospital (in days) ..... From ..... to .....  
Date and Hour of Death ..... at ..... Hrs 04/23/2019 03:17 PM

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

Signature of the Doctor with Designation  
Regn. No. :