

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

User Name : SUNNY MALLICK

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

*Rd at
11.6*

Name : DIP NARAYAN ROY Sex : Male Age : 27 Yrs. 0 Months 0 Days
Patient Srl. No. : MCHK/FA19000 Admission Date : [09-05-2019] Admission Time 10:11 AM Patient Category : PAYING/CABIN/GENERAL

Registration No. : MCHK/RG1900407341 Bed No. CTD-15 Patient Type : OPD/ER
Ward : DHB TOP
Address : _____ Post Office : TALGACHI PIN : 000000
Municipality / Village : AMANICANI District : Murshidabad
Police Station : Murshidabad Religion : Hindu
State : West Bengal Nationality : India
Address for Communication : _____

Marital Status : Single Patient's Occupation : _____
Father's Name : AKIL ROY JOGINDRA ROY. D ৯/১১/১৮ Husband's Name : _____
Brought By : NITHILESH ROY MITHILESH ROY. ৯/১১/১৮ Phone / Mobile No. : ৯১১১১১১১১১ ৮৫১৪৯২৮৫৩২
Doctor/UNIT : UNIT 2 (CARDIOTHORASIC) / PROF. M.S.PAL/DR.S. HALDAR/PROF. PRAKASH SANKI/DR.MD.Z.HOSSAIN
Whether Referred From : _____
Provisional Diagnosis : _____

*Signature of the Doctor with Designation
Regn. No.*
Medical College Hospital
Kolkata
Dr. P. Pal 05/19

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>২১/০৬/১৯</i>	<i>অসুস্থ হওয়া</i>	<i>অসুস্থ হওয়া</i>	<i>কোথাও ঘটেছে না</i>
<i>কৃত্রিম ভাবে</i>	<i>নির্ভুল (leak) ছুঁড়ে পড়ায়</i>	<i>বাড়ির ভিতরে</i>	<i>না</i>
<i>কোনো সুতরায়</i>	<i>পুলকায় অসুস্থ হওয়া</i>	<i>বাড়ির ভিতরে</i>	<i>না</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
Date and Hour of Death at Hrs 05/09/2019 10:19 AM

Counter Signature of the Visiting Staff / Medical Officer Regn. No. _____
Signature of the Doctor with Designation Regn. No. _____