

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

PS of 2:40pm
F29 J 118

User Name : PRADEEP SAHA

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

BED HEAD TICKET

Patient's Name : **UTTAM DAS** Sex: Male Age: 54 Yrs Months Days
Patient Sri. No. : MCHK/PA1900047 Admission Date : 30-06-2019 Admission Time : 52 PM Patient Category : PAYING/CABIN/GENERAL

Registration No. : **MCHK/RG1900548825** Bed No. Patient Type : **OPD/ER**
Ward : **MCH 1ST FLOOR MALE**
Address : Municipality / Village : **BAKSA BAROMANDIR** Post Office : **BAKSA** PH : 000000
Police Station : **Chanditala** District : **Hooghly**
State : **West Bengal** Nationality : **India** Religion : **Hindu**
Address for Communication :

Marital Status : **Married** Patient's Occupation :
Father's Name : **LT. SITAL DAS** Husband's Name :
Brought By : **SOURMEN DAS** Phone / Mobile No. : **20421476**

Doctor/UNIT : **UNIT 3 (GENERAL MEDICINE) / PROF. A. TALUKDER/DR. S. GHOSH/DR. INDRANIL ROY**
Whether Referred From :
Provisional Diagnosis :

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

Serial No. :	Diary No. :	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.
Specify If it is a cause of accident/ Suicide/Homicide	How injury Occurred		
কোনো কারণে ঘটেছে কোনো কারণে কোনো কারণে	কোনো কারণে কোনো কারণে কোনো কারণে	কোনো কারণে কোনো কারণে কোনো কারণে	কোনো কারণে কোনো কারণে কোনো কারণে

(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 06/30/2019 02:06 PM

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

Signature of the Doctor with Designation
Regn. No.