

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

Rdat 2.2

User Name : PRANAB PRASAD

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"

Medical College and Hospital, Kolkata  
88, College Street, Kolkata-700073

Patient's Name : (PH:0) Sex : Age : Yrs. Months Days  
 Patient Sri. No. : RENU THAKUR Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL  
 MCHK/PA1900044543 [ 19-06-2019 ] [ 1:15 PM ] Free

Registration No. : MCHK/RG1900511120 Bed No. Patient Type : OPD/ER  
 Ward. MCHK 1ST FLOOR FEMALE Emergency  
 Address : MCHK 1ST FLOOR FEMALE  
 Municipality / Village : Post Office : PIN :  
 Police Station : 2, MAKHLA, MAKAL TALA District : RAGHUNATH PUR 000000  
 State : Uttarpara West Bengal Nationality : India Religion : Hooghly Hindu

Marital Status : Patient's Occupation :  
 Father's Name : Married Husband's Name :  
 Brought By : DO Phone / Mobile No. : BINDAR THAKUR  
 6289682968

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

EMC  
 Medical College Hospital  
 Kolkata  
 Signature of Admitting Officer  
 Designation

Serial No. : 6352 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.
ডাক্তার বার অব কিত	ডাক্তারকে ডাক্তার বারকে	পেন্সনশেড চিকিৎসার বলিডে ৪/৩/২	অবস্থ অবস্থ অবস্থ

(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 .....  
 06/10/2019 01

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

Signature of the Doctor with Designation  
 Regn. No.