

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

Relat 7:40pm

PLEASE SHOW YOUR PHOTO ID AT THE **BED HEAD TICKET**
Medical College and Hospital, Kolkata
88, College Street, Kolkata-700073
(PH-0)

User Name : Pratik Mukherjee

Fig 113.

Name : NIRUPAMA HALDER Sex : Female Age : 39/rs. Months Days
Patient Srl. No. : MCHK/PA1900047874 Admission Date : [29-06-2019] Admission Time : [7:05 PM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : MCHK/RG1900548403 Ward : MCH 1ST FLOOR FEMALE Bed No. : 217 Patient Type : OPD/ERgency

Municipality / Village : PIRISH PUR Post Office : PATRAPOL PIN : 000000
Police Station : Bangaon District : North 24-Parganas
State : West Bengal Nationality : India Religion : Hindu

Address for Communication :
Marital Status : Married Patient's Occupation :
Father's Name : NEPAL HALDER Husband's Name : GOPAL HALDER
Brought By : NEPAL HALDER Phone / Mobile No. : 8972505979

Doctor/UNIT : UNIT 6 (GENERAL MEDICINE) / PROF. T. SAU/Dr K. Basu
Whether Referred From :
Provision Diagnosis :

Sr. O. D.
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.
To The SLD	কাজে নিয়ে গিয়েছিল কিডনি স্ট্রোক হলে ফটো তাকানো করে Please refer this patient to MEDICAL - RW- 217 264-6 ↓ সার্বিক হিমোডায়ালাইসিস 29/6/19 সিডনি, কলকাতা ৭০০০৭৩		

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Abandoned / Referred out / Death ১০৩০০০০ 30/09/19
- (b) Final Diagnosis or Injury..... (কাজে) (কাজে)
- (c) Principal complications.....
- (d) Principal Associated Diseases.....

1 Stay in Hospital (in days) From 06/20/2019-07:26-PM
Date and Hour of Death..... at..... Hrs.....

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

Signature of the Doctor with Designation
Regn. No.