

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

R/dave
at 8.40
F E

PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION

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

Age: Yrs. Months Days
62 0 0

Sex: Female

Admission Date: [02-07-2019] Admission Time: [4:19 PM] Patient Category: PAYING/CABIN/GENERAL

Srl. No.: LATIKA BEGUM Bed No. Patient Type: OPD/ER

Registration No.: MCHK/PA1900048401

Ward: MCHK/RG1900558069

Address: 1ST FLOOR FEMALE Post Office: PIN: Emergency

Municipality / Village: District: Religion: RAUTH KHANA Hooghly Muslim 000000

Police Station: Nationality: India Patient's Occupation: Husband's Name: Phone / Mobile No.:

State: West Bengal

Address for Communication: BIMCHAK Khanakul Marital Status: Married

Doctor/UNIT: HANIF MALLICK 9733772118

Whether Referred From: UNIT 2 (GENERAL MEDICINE) / PROF. AMIT KR BANERJEE / DR. RAJA BHATTACHARYA / Dr. Sibal Hospital

Provisional Diagnosis: Signature of Admitting Officer Designation

(Handwritten Signature)
02/07/19
Hospital

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 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

1 of 4
Counter Signature of the Visiting Staff / Medical Officer
Regn. No.

07/02/2019 04:28 PM
Signature of the Doctor with Designation
Regn. No.