

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

(100) - Rd at 5:00 a.m.  
 F1 ↓ 101.

User Name: SUMON GHOSH

IMMUN PASHID TABAFDAR Male 48 0 0  
 Patient's Name : MCHK/41900045686 (23-06-2019) Sex : 4:22 AM Age : Yrs. PreMonths Days

Patient Srl. No. : MCHK/RG1900522858 Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL  
 MCH 1ST FLOOR MALE Emergency

Registration No. : Ward. : SOUTH SANKRAIL Bed No. : SANKRAIL Patient Type : OPD/ER 000000

Address : Sankrail Howrah PIN :  
 Municipality / Village : West Bengal India Post Office : Mushim

Police Station : District :  
 State : Nationality : Religion :

Address for Communication :  
 Marital Status : Patient's Occupation : 674726334

Father's Name : Husband's Name :  
 Brought By : (UNIT) (GENERAL MEDICINE) / (PROE) (S) Phone / Mobile No. :

Doctor/UNIT :  
 Whether Referred From : To SROD

Provisional Diagnosis :  
 Kindly shift the patient to ccu (A7)

Medical Officer Hospital Kolkata  
 23/06/19

Signature of Admitting Officer  
 Designation

IPC Serial No. : Diary No. :  
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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.
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To, SROD, kindly transfer the pt to B/N 214 MCH 2M  
 I have been explained in my own language which is prescribed in my file.  
 (To be filled in BLOCK LETTERS at the end of Hospital Stay)

Signature of Doctor  
 23/06/19  
 5:00 a.m.

- (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 ..... 06/23/2019 04:32 AM  
 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.