

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

User Name : Prathik Mukherjee

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

Medical College and Hospital, Kolkata
88, College Street, Kolkata-700073
(PH-01)

Rd at 6:30 PM
FRV 10

Patient's Name: NITESH SINGH
Sex: Male Age: 25 Yrs. Months: 0 Days: 0
Admission Time: 5:52 PM Patient Category: PAYING/CABIN/GENERAL

Patient Srl. No. MCHK/PA1900047 Admission Date: 29-06-2019

Registration No. MCHK/RG1900548354
Ward: MCH 1ST FLOOR MALE

Bed No. Patient Type: OP/ER

Address: 246, 207 NEW G.T RD.
Municipality / Village: Uttarpara
Police Station: Uttarpara

Post Office: UTTARPARA
District: Hooghly
Religion: Hindu
PIN: 000000

State: West Bengal Nationality: India
Address for Communication:

Marital Status: Married
Father's Name: Lt. ARJUN SINGH
Brought By: RAMESH SINGH

Patient's Occupation:
Husband's Name:
Phone / Mobile No.: 13945018

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

Provisional Diagnosis:

Medical College Hospital
Kolkata

8/1/19 दिने प्रॉब को डायाग्नोसिस का इकरार है। डायाग्नोसिस के
10:55 PM के बाद साराग हो सका है और दूसरा प्रबलान की ही सफाई
Serial No. के ने सफा जायेगा।

Signature of Admitting Officer
Designation

Signature of Doctor
Date: 29/6/2019
Time: 10:56 AM

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 sustained Specify by Yea / No.
To the road	Mense	trunk to CCU - 8/1/19	Allowed 29/6/19

(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 05/29/2019 05:05 PM

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

Signature of the Doctor with Designation
Regn. No.