

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

Rd at 5:50 PM
F8 JV

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF CHECK-IN"

BED HEAD TICKET
Medical College and Hospital, Kolkata
38, College Street, Kolkata-700073
(PH-0)

User Name : SUMON GHOSH

Patient's Name : ARUP ROY Sex : Male Age : 43 Yrs. 0 Months 0 Days

Patient Srl. No. : MCHK/PA190003 Admission Date : [14-05-2019] Admission Time : 5:25 PM Patient Category : PAYING/CABIN/GENERAL

Registration No. : MCHK/RG1900424198 Ward. : MCH 1ST FLOOR MALE Bed No. Patient Type : ~~ORDINARY~~ Emergency

Municipality / Village : AD 1/1A RAJARHAT ROAD JANGRA CHOWMATHA Post Office : HATIARA PIN : 700059
Police Station : Rajarhat District : North 24-Parganas
State : West Bengal Nationality : India Religion : Hindu
Address for Communication :

Marital Status : Married Patient's Occupation :
Father's Name : GANESH CHANDRA ROY Husband's Name :
Brought By : RUPA ROY Phone / Mobile No. : 30868093

Doctor/UNIT : UNIT 2 (GENERAL MEDICINE) / PROF. AMIT KR BANERJEE / DR. RAJA BHATTACHARYA / Dr. Sumanta Sarkar
Whether Referred From :
Provisional Diagnosis :

AJ 14/5
EMC
Medical College Hospital
Kolkata
Signature of Admitting Officer
Designation

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 05/14/2019 05:34 PM

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

Signature of the Doctor with Designation
Regn. No.