

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

User Name : PRATIK SAHA

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

RED HEAD TICKET
Medical College and Hospital, Kolkata
88, College Street, Kolkata-700073
(PH-0)

Patient's Name : CHAYA DAS Sex : Female Age : 40 Yrs. 0 Months 0 Days

Patient Srl. No. : MCHK/PA1900045330 Admission Date : [21-06-2019] Admission Time : 4:54 PM Patient Category : PATIENT/CABIN/GENERAL

Registration No. : MCHK/RG1900519328
Ward : MCH 1ST FLOOR FEMALE

Bed No. *flow* Patient Type : OPDZER

Address : Post Office : PORABAZAR PIN : 000000

Municipality / Village : GHATAMPUR District : Hooghly

Police Station : Dadpur Religion : Hindu

State : West Bengal Nationality : India

Address for Communication :

Marital Status : Married

Father's Name :

Brought By : SUBHASISH DAS

Patient's Occupation :

Husband's Name : KARTICK DAS

Phone / Mobile No. 7872513214

Doctor/UNIT : UNIT 5 (GENERAL MEDICINE) / DR.S.BHATTACHARYA/DR.S.MAITRA/Prof. N. Chakraborty

Whether Referred From :

Provisional Diagnosis :

H 21/6/19
Signature of Admitting Officer
Medical College Hospital
Kolkata

IPC Serial No. : *6260*

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 06/21/2019 05:07 PM

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

Signature of the Doctor with Designation
Regn. No.