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

Signature of the Doctor with Designation

Regn. No.:

		(2	66)
Patient's Name :	ar Dutter	Sex: M Ag	e: 26 Yrs. Months Day
THE STI. NO.:	Administration D. J. J. J.	and the second s	e: 26 Yrs. Months Day Category: PAYING/CABIN/GENERA
34451		10152	- TATING/CABIN/GENERA
MMW		101, 52 Bed No.:	
illage: 1 NO.	Mohishila co	Level 1	Patient Type : OPD/ER
ASan ammunication:	n Sey/ Nationality:	District: PSm:	Sol PIN: Burdwa
Go Mih	ir Dutta Place Patie Hush Phon	nt's Occupation : and's Name .	
Referred From:	A . Ba	e/Mobile No. : 96 1465	19 <i>2</i>)
			3
Specify if it is a Diary No. :		Medical C	Ulcer -
cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury ric Home/Farm Factory / Street / Others	t Hodothan injury occurred while at work Specify by Yes / No.
			Garage Pin
Outcome: Discharged/Left Against Mi	(To be filled in BLOCK LETTERS at 1 edical Advice / Absconded / Referred of	out / Death	
rincipal Complications	***************************************	***************************************	***************************************
incipal Associated Diseases			

Hospital (in days)			
nd Hour of Death		From	to
***************************************	***************************************	at	A STATE OF THE STA

n. No.: