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

Λ,		Eav. E	Aga. OOL YE	s. Months Days
ent's Name: Naclitz	er Khatoon	Sex: F	2 Patient Category : P.	AVING/CABIN/GENERAL
ent Srl. No.:	Admission Date: 26/03/1	e Admission time: [1]	W Control Caregory . In	411140) C. Ibii O. Obi vara in
stration No.: 3480	SOBS_	Bed No.:	Patien	t Type : OPD/ER
	Personality:	Post Office : So District : Religion :	ripur Bazar Psch. BD	PIN: N. Asansal
ctor/UNIT :	lmd.	THORE? Modifie Pet	d Infam.	A-V B-
visional Diagnosis :	Diary No.:		Nedical Office (Dern Nedical Office (Dern Reg. No.: 52 Port Asansol District	NBMC Discer
		Specify the pla	ace of injury Wi	nether injury occurred
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Home/I Factory / Stre	Farm	while at work Specify by Yes / Ne.
cause of accident/	Occurred	Factory / Stre	Farm set / Others	
cause of accident/ Suicide/Homicide	Occurred (To be filled in BLOCK	Home/Factory / Stre	Farm set / Others	
cause of accident/ Suicide/Homicide a) Outcome: Discharged/Left Ag	(To be filled in BLOCK ainst Medical Advice / Absconded	Home/Factory / Stre	Farm set / Others	Specify by Yes / Ne.
cause of accident/ Suicide/Homicide a) Outcome: Discharged/Left Ag b) Final Diagnosis or Injury	(To be filled in BLOCK ainst Medical Advice / Absconded	Home/Factory / Stre	Farm set / Others	Specify by Yes / Ne.
cause of accident/ Suicide/Homicide a) Outcome: Discharged/Left Ag	(To be filled in BLOCK ainst Medical Advice / Absconded	LETTERS at the end of Hospital S	Farm set / Others	Specify by Yes / Ne.
a) Outcome: Discharged/Left Ag b) Final Diagnosis or Injury	(To be filled in BLOCK ainst Medical Advice / Absconded	Home/Factory / Stree LETTERS at the end of Hospital Street d / Referred out / Death From	Farm set / Others	Specify by Yes / Ne.

Regn. No.:

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.:

Nor