

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

*Dilip Mondal*

I. D. & B. G. HOSPITAL,  
Kolkata, P.S. ., SHOW YOUR PHOTO ID

DIPAK MONDAL

Printed By: EMR

Srl. No.: PA19026984      Admission Date: 10-Jul-2019      Sex: Male      Age: 15 Yrs. 0 Months 0 Days 0 Hrs.

Registration No.:      Admission Time: 15:43      Patient Category: PAYING/CABIN/GENERAL

Ward: RG19062089      Charge Coll. No.:      **CCU 7**

Address: [04] IB4      Municipality / Village:      Bed No. [Free]      Patient Type: OPD/ER

Police Station: CHANDAN PUKUR      Post Office:      District: BURGAPUR      PIN: 743610  
State: Baruipur P. S.      Religion: South 24-Parganas Hindu

Address for Communication: West Bengal      Nationality: Indian      Patient's Occupation:      Husband's Name:      Phone / Mobile No.:  
Marital Status: Single      ICD-10 Code: 8017124293

Brought By: DILIP MONDAL FATHER      Doctor/UNIT: [DSM0001090] Undetermined      Whether Referred From: [UNIT-3] [DOC0000058] UNIT - III  
Provisional Diagnosis:

*Dilip Mondal*  
10/7/19

File in form DB4  
on 10/7/19 at 5pm

IPC Serial No.:      Diary No.:      Signature of Admitting Officer

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 .....

*Dilip Mondal*

Stay in Hospital (in days) .....  
Date and Hour of Death ..... From ..... to .....  
at ..... Hrs .....

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation  
Regn. No.