

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

DEPARTMENT OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

BED HEAD TICKET

BOLPUR SUPER SPECIALITY HOSPITAL
NANOUR, CHANDI DAS ROAD
(PH:03463221351)

User Name : MKRINAL

Patient's Name : MINATI DAS Sex : Female Age : 50 Yrs. 0 Months 0 Days

Patient Srl. No. : BOSH/PA1900019992 Admission Date : [08-04-2019] Admission Time : [11:27 PM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : BOSH/RG1900019992 Bed No. : Patient Type : Emergency OPD/ER

Address : SAHAALAMPUR Labipur West Bengal Nationality : India Post Office : KUNIYARA District : Birbhum Religion : Hindu PIN : 000000

Marital Status : Married Patient's Occupation : Husband's Name : CHANCHAL DAS Phone / Mobile No. : DOUGHTER

Doctor/UNIT : / Dr.MALAY MISHRA

Whether Referred From : Provisional Diagnosis :

Dr. Malay Mishra
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.
		<i>2019/04/08</i>	

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

In Hospital (in days) From to

and Hour of Death at Hrs