

DEPARTMENT OF HEALTH & FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
 No. **34731** EMERGENCY TICKET
ULUBERIA S.D. HOSPITAL
 ULUBERIA, HOWRAH.

| | | |
|-----------------|-------------------------|-------------------|
| PATIENT DETAILS | Registration No. - 6896 | Date - |
| | Name <u>Sr. Anjan</u> | Age <u>25</u> Sex |
| Address _____ | | VIII. _____ |
| P.O. _____ | | P.S. _____ |

Visiting Date _____
 Doctor's Name _____

Clinical Notes
 History / Complaints
 Signs & Symptoms
 Clinical Examination
 Injury Notes
 Provisional Diagnosis

ADVICE / Investigations
 Date

Handwritten notes:
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 bo... (P)
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Signature
 Name of Doctor / Stamp