

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

Pooja Malik Sex: F Age: 31 Yrs. Months Days

Admission Date: 21/4/16 Admission Time: 8/30 AM Patient Category: PAYING/CABIN/GENERAL

No.: No. : 212416 Bed No. : Patient Type: OPD/ER

Address: Damanghera Post Office: Desra PIN: Station: Kotulpur District: Bankura Religion: H.

Marital Status: Patient's Occupation: Husband's Name: Tuls' malik Brought By: Dr. S. Sarkar Phone / Mobile No.:

Doctor/UNIT: Whether Referred From: Provisional Diagnosis: CKD

Signature of Admitting Officer
Designation

IPC 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. |
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| | | | |

(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

Stay in Hospital (in days) From to

Date and Hour of Death at Hrs

Counter Signature of the Visiting Staff / Medical Officer
Regn. No.

Signature of the Doctor with Designation
Regn. No.: