

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

Patient's Name: Amit Kumar Sex: M. Age: 55 Yrs. Months Days
D. R. S. Sarker

Patient Srl. No. : _____ Admission Date : _____ Admission Time : _____ Patient Category : PAYING/CABIN/GENERAL

Registration No.: 21,175 2/5/15 at 6.45 Am.
 Ward : _____ Bed No. : _____ Patient Type : OPD/ER

Address : _____ Municipality / Village : Georipur Post Office : Senai PIN : _____
 Police Station : _____ District : Hooghly
 State : West Bengal Nationality : _____ Religion : _____
 Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
 Father's Name : Lt Bhudeb Kumar Husband's Name : _____
 Brought By : _____ Phone / Mobile No. : _____

Doctor/UNIT : Dr. A. Anand Kumar
 Whether Referred From : _____
 Provisional Diagnosis : _____

(Signature)
 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.

(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.: