

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

Patient's Name: Arun Mukherjee Sex: 17 Age: 60 Yrs. Months Days  
 Patient Srl. No.: Admission Date: 1/5/19 Admission Time: 10-28 Patient Category: PAYING/CABIN/GENERAL  
am.  
 Registration No.: 21039 Ward: Dia 4/5 Bed No. Patient Type: OPD/ER  
 Address: Kaipala Municipality / Village: Kaipala Post Office: Do PIN:  
 Police Station: Hospital District: Hooghly Religion:  
 State: Nationality: Address for Communication:  
 Marital Status: Father's Name: Lt. Bishoupada Mukherjee Patient's Occupation:  
 Brought By: Kaberi Mukherjee Husband's Name: Phone / Mobile No.:  
 Doctor/UNIT: Whether Referred From: Provisional Diagnosis: C/S

[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.: