

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

DR S. SARKAR

Patient's Name : *Nishmal Jana* Sex : *M.* Age : *52* Yrs. Months Days

Patient Srl. No. : *33903* Admission Date : *10/7* Admission Time : *10:45 AM* Patient Category : PAYING/CABIN/GENERAL

Registration No. : *Dialysis unit* Bed No. : Patient Type : OPD/ER

Post Office : *DO* PIN :
Municipality / Village : *Balidanga* District : *Pur Midnapur*
Police Station : *Ghanta* Nationality : Religion :
Address for Communication :

Marital Status : Patient's Occupation :
Father's Name : *Lt Krishnapada* Husband's Name :
Admitted By : *Dr Panambee Jana* Phone / Mobile No. :
Referral/UNIT : *CKD Jana*

10/7

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.

(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

Admitted in Hospital (in days) From to

Time and Hour of Death at Hrs