

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

DR. S. Sarkar

Patient's Name : Subhas Dolui Sex : M Age : 69 Yrs. Months Days
 Patient Srl. No. : _____ Admission Date : 2-5-19 Admission Time 2.02 PM Patient Category : PAYING/CABIN/GENERAL

Registration No.: 21275
 Ward : Emergency Bed No. _____ Patient Type : OPD/ER
 Address : _____
 Municipality / Village : Balia Post Office : Baekharon PIN : _____
 Police Station : APM District : Hooghly
 State : WB. Nationality : _____ Religion : H
 Address for Communication : _____

Marital Status : _____ Patient's Occupation : C/O - Shyamal Dolui
 Father's Name : U Satish Dolui Husband's Name : _____
 Brought By : _____ Phone / Mobile No. : _____
 Doctor/UNIT : Dr. S. Sarkar
 Whether Referred From : _____
 Provisional Diagnosis : elf

[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. _____