

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

Patient's Name : Suparna Das Sex : P Age : 30 Yrs. Months Days
 Patient Srl. No. : Admission Date : 1/5/19 Admission Time : 10-10am. Patient Category : PAYING/CABIN/GENERAL
 Registration No. : 2021034 Bed No. Patient Type : OPD/ER
 Ward : Dialysis
 Address : Hosipus (Alpada) Post Office : Poholampur PIN :
 Municipality / Village : Singur District : Hooghly Religion :
 Police Station : Singur Nationality :
 State :
 Address for Communication :
 Marital Status : Patient's Occupation :
 Father's Name : Husband's Name : Dwijaprasad Das
 Brought By : Phone / Mobile No. :
 Doctor/UNIT :
 Whether Referred From :
 Provisional Diagnosis : CKD (Dialysis)

[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.