

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

Dr. S. Banerjee

Patient's Name : Tarash Maity Sex : m Age : 26 Yrs. Months Days
 Patient Srl. No. : 33,883 Admission Date : 10/3/19 Admission Time : 9.50 am Patient Category : PAYING/CABIN/GENERAL
 Registration No. : Dialysis Bed No. : 9.50 am Patient Type : OPD/ER
 Municipality / Village : Nasirpur Post Office : Khanpur PIN :
 Police Station : Madhab Samal Pm District : Burdwan Religion :
 Nationality :
 Address for Communication :
 Marital Status :
 Father's Name : Mr. Lakshman Maity Patient's Occupation : to Raja Maity
 Brought By :
 Doctor/UNIT :
 Whether Referred From :
 Provisional Diagnosis : CAD

[Signature]
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
 In Hospital (In days) From to
 and Hour of Death at Hrs