

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

367

Dr. A. Ghosh

Patient's Name: **RAKHI KOLEY** Sex: **F** Age: **27** Yrs. Months Days

Patient Srl. No.: **62839** Admission Date: **17/12/18** Admission Time: **11 P.M** Patient Category: PAYING/CABIN/GENERAL

Registration No.: _____ Ward: **F-SSH** Bed No.: _____ Patient Type: OPD/ER

Address: _____ Municipality / Village: **Madhuspur** Post Office: **DO** PIN: _____
Police Station: **Asanbogh** District: _____ Religion: **Hooqaliy**
State: _____ Nationality: _____

Marital Status: _____ Patient's Occupation: _____
Father's Name: _____ Husband's Name: **Ram Krishna Koley**
Brought By: _____ Phone / Mobile No.: **8535868253**

Doctor/UNIT: _____ Whether Referred From: _____
Provisional Diagnosis: **CRF with Rwp. distans.**
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 **NID BED VAGENT**
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. _____

Dr. S. Ghosh