

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

Patient's Name : Uday Kumar Chandra Sex : M Age : 58 Yrs. Months Days

Patient Srl. No. : _____ Admission Date : 10.1.19 Admission Time : 8:40 PM

Registration No. : 1469 Ward : _____

Address : Diagnosis Bed No. : _____ Patient Type : OPD/ER

Municipality / Village : Sodepur Post Office : De PIN : _____
Police Station : Purnur District : Hoojaly
State : _____ Nationality : _____ Religion : _____
Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
Father's Name : LT Nema' Ch Chandra Husband's Name : _____
Brought By : _____ Phone / Mobile No. : _____

Doctor/UNN : Dr. S. Sarkar Whether Referred From : _____
Provisional Diagnosis : _____

IPC Serial No. : _____ Diary No. : _____
Signature of Admitting Officer _____ Designation _____

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. _____