

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

Patient's Name : Amar Chatterjee Sex : M Age : 58 Yrs. Months Days

Patient Srl. No. : \_\_\_\_\_ Admission Date : 31/5/19 Admission Time : 6.50 AM Patient Category : PAYING/CABIN/GENERAL

Registration No. : 21,369

Ward : \_\_\_\_\_ Bed No. : \_\_\_\_\_ Patient Type : OPD/ER

Address : \_\_\_\_\_ Municipality / Village : Gajur Post Office : DD PIN : \_\_\_\_\_

Police Station : \_\_\_\_\_ District : Hoojary

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Patient's Occupation : 110 - Sabitri Chatterjee

Father's Name : U Bata Krishna Chatterjee Husband's Name : \_\_\_\_\_

Brought By : \_\_\_\_\_ Doctor/UNIT : Dr B Sarkar Phone / Mobile No. : \_\_\_\_\_

Whether Referred From : CUO

Provisional Diagnosis : \_\_\_\_\_

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.: