

BED HEAD TICKET

Jahar Lal Debnath

Name: Jahar Lal Debnath Sex: M Age: 56 Yrs. Months Days

Srl. No.: 21302 Admission Date: 2/5/19 Admission Time: 5.05PM Patient Category: PAYING/CABIN/GENERAL

Registration No.: ~~21302~~ SS 4PM Bed No. 236 Patient Type: OPD/ER

Address: ~~Asambagar~~ WDN02 Post Office: DO PIN:

Municipality / Village: ~~Asambagar~~ District: Hooghly

Police Station: DO Religion: Hooghly

State: DO Nationality: Patient's Occupation: 40 Rupsa Debnath

Address for Communication: Father's Name: Lt Kanailal Debnath Husband's Name: Brought By: Phone / Mobile No.:

Doctor/UNIT: DR S. Sarkar

Whether Referred From: Provisional Diagnosis: ~~RTA~~ Resp chest (CKD)

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

Signature of the Doctor with Designation