

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

Patient's Name : Sakhi Bhoosh Sex : F Age : 29 Yrs. Months Days

Patient Srl. No. : _____ Admission Date : 31/5/19 Admission Time : 6:10 AM Patient Category : PAYING/CABIN/GENERAL

Registration No. : 21.367 Ward : _____ Bed No. : _____ Patient Type : OPD/ER

Address : _____
Municipality / Village : Dihibaganai Post Office : DO PIN : _____
Police Station : _____ District : _____
State : Assam Nationality : gh Religion : Hindu
Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
Father's Name : _____ Husband's Name : Tarak Nath Bhoosh
Brought By : _____ Phone / Mobile No. : _____

Doctor/UNIT : Dr S Sarkar
Whether Referred From : CU
Provisional Diagnosis : _____

.....
(Signature)
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. _____

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Signature of the Doctor with Designation
Regn. No. _____