

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


Patient's Name : Sushojit Roy Sex : M Age : 24 Yrs. Months Days

Patient Srl. No. : Admission Date : 3-5-19 Admission Time : 11:30 am Patient Category : PAYING/CABIN/GENERAL

Registration No.: 21411
 Ward : General Bed No. : Patient Type : OPD/ER
 Address :
 Municipality / Village : Suikpa Post Office : Madaurpa PIN :
 Police Station : Arambaga District : Hoober
 State : WB Nationality : Religion : H
 Address for Communication :

Marital Status :
 Father's Name : Ajit K. Roy Patient's Occupation :
 Brought By : Husband's Name :
 Phone / Mobile No. :

Doctor/UNIT : Dr. S. Sarkar
 Whether Referred From :
 Provisional Diagnosis : CHF


 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.: