

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

201

11:50 am

Patient's Name: Shilpa Prasad Mondal Sex: Male Age: 60 Yrs. Months 17 Days 17
 Patient Sd. No.: _____
 Admission Date: 4-2-19 Admission Time: 11.35 am
 Patient Category: PAYING/CABIN/GENERAL

Registration No.: 5242
 Ward: _____
 Address: SSH - MWL
 Municipality / Village: Sebarpur
 Police Station: Mahabubpur
 State: WB
 Address for Communication: _____
 Nationality: _____

Mental Status: _____
 Brought By: 4 members
 Doctor/UNN: Dr. A. Saha
 Whether Referred From: _____
 Provisional Diagnosis: CHD @ 72 DM

Serial No.: _____
 Diary No.: _____
 Signature of Admitting Officer: [Signature]
 Designation: _____

Specify if it is a
 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)
 Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury
 Hospital Complications
 Hospital Associated Diseases

Hospital (in days) _____
 Hour of Death _____
 From _____ to _____
 at _____ Hrs _____

Signature of the Visiting Staff / Medical Officer