

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

Patient's Name: Sarkis Ghosh Sex: F Age: 28 Yrs. Months Days  
 Patient's Registration No.: 40125  
 Patient's Address: 101 Bhabanagar  
 Municipality/Village: Baru Bhabanagar  
 Police Station: Baru Bhabanagar  
 State: West Bengal  
 Nationality: Indian  
 Religion: Hindu  
 District: Baru Bhabanagar  
 Post Office: Baru Bhabanagar  
 PIN: 741001

Admission Date: 20/8/08 Admission Time: at 5-30pm  
 Patient's Category: PAYING/CABIN/GENERAL  
 Patient's Occupation: W/O. Tarek north GH  
 Husband's Name: W/O. Tarek north GH  
 Phone / Mobile No.: 98765  
 Doctor/UNIT: CRF  
 Whether Referred From: CRF  
 Provisional Diagnosis: CRF

IPC Serial No.: \_\_\_\_\_  
 Diary No.: \_\_\_\_\_  
 Signature of Admitting Officer: [Signature]  
 Designation: \_\_\_\_\_

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.: \_\_\_\_\_