

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

Patient's Name : Ajit Pal - 2 Sex : M Age : 70 Yrs. Months Days

Patient Srl. No. : _____ Admission Date : 3-5-19 Admission Time : 1.10 Patient Category : PAYING/CABIN/GENERAL
room.

Registration No.: 21426

Ward : Bialyis Bed No. : _____ Patient Type : OPD/ER

Address : _____

Municipality / Village : Paldighi Post Office : Helan PIN : _____

Police Station : Khanakul District : Hosang

State : WB Nationality : _____ Religion : H

Address for Communication : _____

Marital Status : _____ Patient's Occupation : epo - Madhabi Pal

Father's Name : 4 Gour Pal Husband's Name : _____

Brought By : _____ Phone / Mobile No. : _____

Doctor/UNIT : Dr. S. Sarkar

Whether Referred From : CRP

Provisional Diagnosis : _____


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
Rann No

Signature of the Doctor with Designation
Regn. No.: