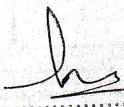


**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET**

Name: Debedra Bhattacharya Sex: M Age: 38 Yrs. Months Days
 IP Serial No.: 01, 073 Admission Date: 1/3/19 Admission Time: 2pm Patient Category: PAYING/CABIN/GENERAL
 Registration No.: _____ Bed No.: _____ Patient Type: OPD/ER
 Ward: Dialysis
 Address: _____ Post Office: Mayabandi PIN: 751001
 Municipality/Village: Nisargambati District: Howrah
 Police Station: Khamaul Religion: Hindu
 State: WB Nationality: _____
 Address for Communication: _____
 Marital Status: _____ Patient's Occupation: _____
 Father's Name: Nandlal Bhattacharya Husband's Name: _____
 Brought By: _____ Phone/Mobile No.: _____
 Doctor/UNIT: Dr. S. Sanyal
 Whether Referred From: _____
 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
 Regn. No.

Signature of the Doctor with Designation
 Regn. No.: