

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

DR. S. Sankar

Patient's Name : Prabin Kumar Sex : M Age : 81 Yrs. Months Days

Patient Srl. No. : 33033 Admission Date : 5/7/19 Admission Time : 2.40 PM Patient Category : PAYING/CABIN/GENERAL

Registration No. : \_\_\_\_\_ Bed No. : \_\_\_\_\_ Patient Type : OPD/ER

Ward : MSW Dialysis

Municipality / Village : Nairarai Post Office : DO PIN : \_\_\_\_\_

Police Station : Asarbagh District : Hinguly

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Patient's Occupation : Sp - Madhumita Kumar

Father's Name : U. Mahananda Kumar Husband's Name : \_\_\_\_\_

Brought By : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : \_\_\_\_\_

Whether Referred From : \_\_\_\_\_

Provisional Diagnosis : CKD

  
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 .....