

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

DR. S. Sankar

Name: Ranchan Roy Sex: M Age: 40 Yrs. Months Days

Srl. No.: Admission Date: 27/6/19 Admission Time: 12:15 Patient Category: PAYING/CABIN/GENERAL

Registration No.: 31490 Bed No.: Patient Type: OPD/ER

Locality/Village: Belgaria Post Office: Rani Madhalpur
 Station: Chandrakona District: P. Midnapur
 for Communication: Nationality: Religion: P. Midnapur

Status: W. Krishnaapada Patient's Occupation: BPB - Chapala Roy
 Name: Roy Husband's Name: BPB - Chapala Roy
 By: Phone / Mobile No.:

UNIT: Referred From: CW Original Diagnosis: CW

Signature of Admitting Officer
Designation

Al 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)

Discharge: Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Hospital (in days) From to

Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
Regn. No.: