

Renal Diet

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

258

Patient's Name : Abis Shal Sex : M Age : 42 Yrs. Months Days

Patient Srl. No. : 33289 Admission Date : 17/7/19 Admission Time : 1 PM Patient Category : PAYING/CABIN/GENERAL

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

Address : _____
Municipality / Village : Paschim Amarpur Post Office : Ankur PIN : _____
Police Station : Boghat District : _____
Religion : Hindu
Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
Father's Name : Sudhakar Shal Husband's Name : _____
Admitted By : _____ Phone / Mobile No. : _____

Referring Doctor/UNIT : DR S. SARKAR
Whether Referred From : _____
Provisional Diagnosis : Resp. distress in a case of CKD
Signature of Admitting Officer : _____
Designation : _____

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)

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

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

In Hospital (in days) From to

Time and Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer
No.

Signature of the Doctor with Designation
Regn. No.: