

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

*Dr S. Sarkar*

Patient's Name : *SK. Subendran* Sex : \_\_\_\_\_ Age : *32* Yrs. Months \_\_\_\_\_ Days \_\_\_\_\_

Patient Srl. No. : \_\_\_\_\_ Admission Date : *21, 204* Admission Time : *2:15* Patient Category : PAYING/CABIN/GENERAL

Registration No. : \_\_\_\_\_ Ward : \_\_\_\_\_ Bed No. : *9-05 Au* Patient Type : OPD/ER

Address : \_\_\_\_\_ Municipality / Village : *Buzank Dighi* Post Office : *DE* PIN : \_\_\_\_\_  
Police Station : \_\_\_\_\_ District : \_\_\_\_\_ Religion : *Hindoo*  
State : *Rain* Nationality : \_\_\_\_\_ Address for Communication : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Patient's Occupation : \_\_\_\_\_  
Father's Name : \_\_\_\_\_ Husband's Name : \_\_\_\_\_  
Brought By : *SK. Indar De* Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : \_\_\_\_\_  
Whether Referred From : *CAD*  
Provisional Diagnosis : \_\_\_\_\_

.....  
*[Signature]*  
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

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Signature of the Doctor with Designation