

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

Patient's Name : Nema, Jara Sex : M Age : 64 Yrs. Months Days

Patient Srl. No. : 68316 Admission Date : 13.12.18 Admission Time : 8:10 p.m.

Registration No. : 68316 Bed No. : _____ Patient Type : OP/ER

Address : _____
Municipality / Village : Bangaldia Police Station : Wazirpur State : _____
Nativity : _____
Post Office : De Hooghly District : _____ Religion : _____
PIN : _____

Marital Status : _____
Father's Name : Chittaranjan Saha Brought By : _____
Doctor/UNIT : Dr. S. Saha Whether Referred From : CMD
Provisional Diagnosis : _____

Diary No. : _____
IPC Serial No. : _____
Signature of Admitting Officer : [Signature] Designation : _____

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. _____