

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

257



Mr. S. Sarker  
Patient's Name: Sujit Kumar Sex: M. Age: 21 Yrs. Months Days

Admission Date: 20/3/10 at 5-25 PM  
Patient Category: PAYING/CABIN/GENERAL

Bed No.: 554(M)  
Patient Type: OPD/ER

Post Office: Samanthapur District: Hooghly Region: Hooghly  
Nationality: Ar.

Patent's Occupation: None  
Husband's Name: Nil  
Phone / Mobile No.: Nil

Whether Referred From: None  
Doctor/UNIT: None  
Caught By: Sathyapada  
Provisional Diagnosis: Acute respiratory distress in a case of CRF ex. (on dialysis)  
Diary No.: None

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

Blood clotted

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. ....