

A. Time  
7.50 AM

234

All due

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

Patient's Name : Badam Das Sex : Male Age 27 Yrs. Months Days

Patient Srl. No. : 33469 Admission Date : 8/7/19 Admission Time : 7:25 am Patient Category : PAYING/CABIN/GENERAL

Registration No. : 33469 Ward : SS14 Bed No. : MW Patient Type : OPD/ER

Address : Kulpukur Municipality / Village : Madhabdih Post Office : Kenter District : Barishaman Religion : H. PIN :

Marital Status : Married Father's Name : Manik Das Patient's Occupation :  Husband's Name :  Phone / Mobile No. :

Brought By : Dr. A. Sarker Doctor/UNIT : Dr. A. Sarker Whether Referred From :  Provisional Diagnosis : CKD on Dialysis

[Signature]  
Signature of Admitting Officer  
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 )

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

Principal Diagnosis or Injury : Dialysis graft channel graft failure

Principal Complications :

Principal Associated Diseases :

Hospital (in days) :  From  to  at  Hrs

Hour of Death :

Signature of the Visiting Staff / Medical Officer : [Signature]



[Handwritten marks]