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

nt's Name : MAHADEB BEJ Sex : M Age : 45 Yrs. Months Days

nt Srl. No. : Admission Date : 19/9/18. Admission Time : 9.50 pm Patient Category : PAYING/CABIN/GENERAL

stration No. : 46874. Bed No. : Patient Type : OPD/ER

ess

cipality / Village : Mohanpur. Post Office : Uttarbrij PIN :

e Station : gorbeta Nationality : Indian. District : Paschim Medinipur.

Religion : Hindu Sen.

ess for Communication :

al Status : Patient's Occupation :

er's Name : Paban Bej Husband's Name :

ght By : Phone / Mobile No. : 8348240387

or/UNIT : Dr. S. Sarkar.

her Referred From :

sional Diagnosis : Dialysis

19/9

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 .....

n Hospital (in days) ..... From ..... to .....

and Hour of Death ..... at ..... Hrs .....

ter Signature of the Visiting Staff / Medical Officer
No.

Signature of the Doctor with Designation
Regn. No :