

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

Bed Head Ticket

Vill.+P.O.+P.S. - Dabra, P.S. 1, Dist.- Howrah

Printed By:IP

SAKILA BIBI

Female

50

Patient's Name : PA19037403 Sex : Age : Yrs. Months Days

Patient Srl. No. : Admission Date : 29 Jun 2019 Admission Time : 09:55 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19128534 Charge Coll. No. : [Free] Patient Type : OPD/ER  
Ward : [WRD0000013] DIALYSIS UNIT

Address : P BAURIA CHAKASMI

Municipality / Village : BAURIA P. S. Post Office : Howrah PIN :  
Police Station : West Bengal Indian District : Muslim

State : Nationality : Religion :

Address for Communication : Married

Marital Status : Patient's Occupation : SK SIRAJ  
Father's Name : KULSUM KHATUN Husband's Name :

Brought By : [DOC0000062] DR. MANABENDRA ROY Phone / Mobile No. :

Doctor/UNIT :  
Whether Referred From :  
Provisional Diagnosis : *l w*

*R 29.6.19*  
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  
Regn. No. :

Signature of the Doctor with Designation  
Regn. No. :