

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

Printed By: I

MADAN MAHATA

Male

47

PA19039489

04-Jul-2019

05:53

Patient's Name : RG19132292 Charge Coll. No. : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

Patient Srl. No. : [WRD0000017] DIALYSIS UNIT Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CABIN/GENERAL

Registration No. : BAURIA Ward : BAURIA P. S. Indian Bed No. : DO Patient Type : OPD/ER  
 Address : West Bengal Post Office : \_\_\_\_\_ PIN : \_\_\_\_\_  
 Municipality / Village : \_\_\_\_\_ District : \_\_\_\_\_  
 Police Station : Married State : RAMAYAN MAHATA Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_  
 Address for Communication : SARDA MAHATA

Marital Status : [DDC0000011] Dr. ALOKE KR. MUKUTI Patient's Occupation : \_\_\_\_\_  
 Father's Name : \_\_\_\_\_ Husband's Name : \_\_\_\_\_  
 Brought By : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : \_\_\_\_\_  
 Whether Referred From : \_\_\_\_\_  
 Provisional Diagnosis : C leg

[Signature] 04/7/19  
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. : \_\_\_\_\_

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