

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

Slip

Printed By: IPDH

SANTOSH SAMANTA

Male

50

0

0

PA19035888

22-Jun-2019

09:45

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

Patient Srl. No. : [RD19122246] Charge Coll. No. : _____ Admission Date : _____ Admission Time : _____ [Free] Patient Category : PAYING/CABIN/GENERAL

Registration No. : ORFU;LI DO
Ward : Bagnan P. S. Howrah
Address : West Bengal Indian Bed No. : _____ Patient Type : OPD/ER
Hindu

Municipality / Village : _____ Post Office : _____ PIN : _____

Police Station : Married District : _____

State : LT.. NARAYAN SAMANTA Nationality : _____ Religion : _____

Address for Communication : BANKAR SAMANTA

Marital Status : [DOC0000062] DR. MANABENDRA ROY Patient's Occupation : _____

Father's Name : _____ Husband's Name : _____

Brought By : _____ Phone / Mobile No. : _____

Doctor/UNIT : _____

Whether Referred From : _____

Provisional Diagnosis : _____

[Signature]

*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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