

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

Patient's Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months

Patient Srl. No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CABIN/G

Registration No. \_\_\_\_\_ Ward : \_\_\_\_\_ Uluheria S.D. Hospital Bed No. : \_\_\_\_\_ Patient Type : OPD/ER  
Address : Vill.+P.O.+P.S. - Uluheria , P.S. : Dist.- Howrah Printed By:IP

Municipality / Village : SOBINDA HAZRA Post Office : \_\_\_\_\_ Male 40 PIN : \_\_\_\_\_  
Police Station : \_\_\_\_\_ District : \_\_\_\_\_  
State : PA19036908 Nationality : 26-Jun-2019 Religion : 17:21  
Address for Communication :

Marital Status : \_\_\_\_\_ Patient's Occupation : \_\_\_\_\_  
Father's Name : RG19126673 Charge Coll. No. : \_\_\_\_\_ Husband's Name : \_\_\_\_\_  
Brought By : [WRD0000013] DIALYSIS UNIT Phone / Mobile No. : [Free]

Doctor/UNIT : ANTILA DO  
Whether Referred From : Bagman P. S. Howrah  
Provision Diagnosis : West Bengal Indian Hindu

Signature of Admitting Officer  
Designation

Single  
IPC Serial No. LT NIMAI HAZRA  
KAKULI HAZRA *Dialysis* Diary No. : \_\_\_\_\_

Specify if 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
PC19000056	Dr. ALDKE KR. MUKUTI		

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- Accident \_\_\_\_\_ Street \_\_\_\_\_ No \_\_\_\_\_
- (a) Outcome : Discharged/Left Against Medical Advice / Abeconded / 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 Office  
Regn. No

Signature of the Doctor with Designation  
Regn. No.