

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

SARASWATI PRESS LIMITED
F1
08/18

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

Patient Srl. No. : _____ Admission Date : _____ Admission Time : _____ Patient Category : PAYING/CABIN

Uuberia Hospital
Vill.+P.O.+P.S. - Uluberia , P.S. :,Dist.- Howrah Pri

Registration No. : TAPAN SANTRA Bed No. : _____ Male 60 0 Patient Type : OPD/E

Ward : _____ Address : PA19037253 20-Jun-2019 09:55

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

Police Station : _____ District : _____

State : RG19127754 Nationality : _____ Religion : _____

Address for Communication : [WRD0000013] DIALYSIS UNIT [Free]

Marital Status : KAUR CHANDI Patient's Occupation : AMARHANDA

Father's Name : Kolaqhat P. S. Husband's Name : Midnapore (E)

Brought By : West Bengal Phone / Mobile No. : Hindu

Doctor/UNIT : _____

Whether Referred From : Single

Provisional Diagnosis : LT ANUDHWAJ SANTRA

SELF

[EDC0000011] Dr. ALOKE KR. MUKUTI

*Signature of Admitting
Designation*

IPC Serial No. : D 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 /

(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. : _____