

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

MONTU DEY

Male

64

0

PA19037321

22 JUN 2019

13:07

RG19128146 Charge Coll. No.:

**Patient's Name :** [WRD0000013] DIALYSIS UNIT **Sex :** (Free) **Age :** Yrs. **Months**

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

Panskura P. S. Midnapore (E)  
West Bengal Indian Hindu

**Registration No. :** **Ward :** **Bed No. :** **Patient Type :** OPD/ER

**Address :** Single

**Municipality / Village :** LT ATUL KRSHNA DEY **Post Office :** **PIN :**

**Police Station :** SELF **District :** **Religion :**

**State :** **Nationality :**

**Address for Communication :** [DDC0000011] Dr. ALOKE KR. MUKUTI

**Marital Status :** **Patient's Occupation :**

**Father's Name :** **Husband's Name :**

**Brought By :** **Phone / Mobile No. :**

**Doctor/UNIT :**

**Whether Referred From :** Dialysis (41)

**Provisional Diagnosis :**

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. :