

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

Printed By: IP

BIDHAN CHAKROBORTY

**BED HEAD TICKET**

Male

43

PA19037338

28-Jun-2019

14:20

Patient's Name : R019120255 Charge Coll. No. :  
 Patient Srl. No. : [WRD00000] Admission Date : [Free] Admission Time : [Free] Patient Category : PAYING/CABIN/GENERAL  
 Registration No. : CHAYANI RUPASGARIYA  
 Ward : Bagnan P. S. Howrah  
 Address : West Bengal Indian Bed No. : Hindu Patient Type : OPD/ER  
 Municipality / Village : Post Office : PIN :  
 Police Station : Married District :  
 State : ANATH BONDHU CHAKROBORTY Nationality : Religion :  
 Address for Communication : BABUNTI CHAKROBORTY  
 Marital Status : [DDC0000011] Dr. ALOKE KR. NUKUTI Patient's Occupation :  
 Father's Name : Husband's Name :  
 Brought By : Phone / Mobile No. :  
 Doctor/UNIT :  
 Whether Referred From :  
 Provisional Diagnosis :

*CKD*

*[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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