

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

Printed By

RAHAMAT ALI MIDDYA

Male

44

PA19038945

06-Jul-2017

13:39

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

Patient Srl. No. : [WRD000001] Admission Date : [Free] Admission Time : Patient Category : PAYING/CABIN/GENE

Registration No. : MAHAKALHATI IGLAMPUR
Ward : Jagatballavpur P. S. Howrah
Address : West Bengal Indian Bed No. : Muslim Patient Type : OPD/ER

Municipality / Village : Post Office : PIN :

Police Station : Single District :

State : LT ABDUL GAFFAR MIDDYA Nationality : Religion :

Address for Communication : SALMA BEGAM

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 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 Designat
Regn. No. :

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