

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

Vill.+P.O. **BED HEAD TICKET** P.S. : ,Dist.- Howrah

Printed By:

TAPAS PATRA

Male

50

Patient's Name : PA19039002      06-Jul-2019      Sex :      20:01      Age :      Yrs.      Months      Day

Patient Srl. No. :      Admission Date :      Admission Time :      Patient Category : PAYING/CABIN/GENERAL  
 RG19134751      Charge Coll. No.:      [Free]

Registration No. :      Ward :      KALYANPUR      Bed No. :      DO      Patient Type : OPD/ER  
 Bagnan P. S.

Address :      West Bengal      Indian      Post Office :      Hindu      PIN :

Municipality / Village :      Police Station :      District :      Religion :

State :      Married      Nationality :      Address for Communication:

NITAI PATRA      SUBHENDU PATRA      Patient's Occupation :      Husband's Name :      Phone / Mobile No. :

Marital Status :      Father's Name :      [DOC0000062] DR. MANABENDRA ROY      Brought By :

Doctor/UNIT :      DIALYSIS      Whether Referred From :      Provisional Diagnosis :

*for Dialysis*

*[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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