

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

**BED-HEAD TICKET**

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

Printed By:IP

SAKILA BIBI

Female

50

0

0

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

Patient Srl. No. : PA19038950 Admission Date : 06-Jul-2019 Admission Time : 14:00 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19134698 Charge Coll. No. :  
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : PASCHIM BEURIA Municipality / Village : BAURIA P. S. Post Office : CHAKKASHI PIN :

Police Station : West Bengal District : Howrah

State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication :

Marital Status : Married Patient's Occupation : SK SIRAJ

Father's Name : KULSUM KHATUN Husband's Name :

Brought By : [DOC0000062] DR. MANABENDRA ROY 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 Designation  
Regn. No. :

SARASWATI PRESS, LIMITED  
F1  
08/76