

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

BED HEAD TICKET

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

Printed By: I

SK SELIM Male 53 0 0
 Patient's Name : PA19036624 Sex : Age : Yrs. Months
 Patient Srl. No. : Admission Date : 25-Jun-2019 Admission Time : 11:30 Patient Category : PAYING/CABIN/G

RG19125092 Charge Coll. No. :
 Registration No. [WRD0000013] DIALYSIS UNIT [Free] Patient Type : OPD/ER
 Ward : Bed No. :
 Address : DAINAN DD
 Municipality / Village : Dainan P. S. Post Office : Howrah PIN :
 Police Station : West Bengal Indian District : Muslim
 State : Nationality Religion

Address for Communication :
 Single
 Marital Status : LT ABDUL RAHAMAN Patient's Occupation
 Father's Name : ROUSDNA BEGAM Husband's Name :
 Brought By : [DDC0000130] DR. MRINAL BAYADA Phone / Mobile No. :

Doctor/UNIT
 Whether Referred From : (D)
 Provision 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 / Abeconded / 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 Office
 Rean. No.

Signature of the Doctor with Designation
 Rean. No.