

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

**BED HEAD TICKET**

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

Printed By:IPD

TAPAN SANTRA Male 60 0 0

**Patient's Name :** PA19036588 **Admission Date :** 25-Jun-2019 **Sex :** Male **Age :** 60 **Yrs. Months :** 0 0

**Patient Srl. No. :** **Admission Date :** **Admission Time :** **Patient Category :** PAYING/CABIN/G

**Registration No. :** RG19124802 **Charge Coll. No. :** [Free]

**Ward :** KANGURCHANDI **Bed No. :** AMALHANDA **Patient Type :** OPD/ER

**Address :** Kolaghat P. S. **Post Office :** Midnapore (E) **PIN :**

**Municipality / Village :** West Bengal **Indian** **District :** Hindu

**Police Station :** **Nationality :** Indian **Religion :**

**State :** **Address for Communication :** Single

**Marital Status :** LT ANUDWAJ SANTRA **Patient's Occupation :**

**Father's Name :** SELF **Husband's Name :**

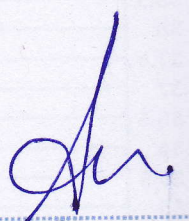
**Brought By :** [DOC0000130] DR. MRINAL BAYADA **Phone / Mobile No. :**

**Doctor/UNIT**

**Whether Referred From :**

**Provision Diagnosis :**

D



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  
Regn. No.

Signature of the Doctor with Designation  
Regn. No.