

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

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

Printed By: .....

TAPAS PATRA

Male

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

Patient Srl. No. :      Admission Date :      Admission Time :      Patient Category : PAYING/CABIN/GENERAL  
 RG19134751      Charge Coll. No. :      [Free]  
 [WRD0000013] DIALYSIS UNIT

Registration No. :      Bed No. :      Patient Type : OPD/ER  
 KALYANPUR      DO

Ward :      Address :      Indian      Post Office :      Hindu

Municipality / Village :      District :      PIN :  
 West Bengal      Indian      Post Office :      Hindu

Police Station :      Nationality :      Religion :  
 State :      Married      Nationality :      Religion :

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

Marital Status :      Doctor/UNIT :  
 Father's Name :      [DOC0000062] DR. MANABENDRA ROY

Brought By :      Provisional Diagnosis :  
 DIALYSIS

*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 Des  
 Regn. No. :