

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET**

SARASWATI PRESS LIMITED  
09/18  
F1

Patient's Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Month \_\_\_\_\_

Patient Srl. No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CAB \_\_\_\_\_  
Uluberia P.S. - Uluberia P.S. ; Dist.- Howrah

Registration No. : SK. HABIBUR RAHaman \_\_\_\_\_ Sex : Male \_\_\_\_\_ Age : 31 \_\_\_\_\_  
 Ward : \_\_\_\_\_ Bed No. : \_\_\_\_\_ Patient Type : OPD \_\_\_\_\_

Address : PA19041075 \_\_\_\_\_ 16-Jul-2019 \_\_\_\_\_ 20156 \_\_\_\_\_

Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_ PIN : \_\_\_\_\_

Police Station : \_\_\_\_\_ District : \_\_\_\_\_

State : RG19143221 \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_  
[MRD0000013] DIALYSIS UNIT [Free]

Address for Communication : \_\_\_\_\_

Marital Status : ALIPUKUR \_\_\_\_\_ Patient's Occupation : BAHIRA \_\_\_\_\_


Father's Name : Uluberia P. S. \_\_\_\_\_ Husband's Name : Howrah \_\_\_\_\_

Brought By : West Bengal \_\_\_\_\_ Phone / Mobile No. : Muslim \_\_\_\_\_

Doctor/UNIT : \_\_\_\_\_

Whether Referred From : Married \_\_\_\_\_

Provisional Diagnosis : SK. MIKAIL \_\_\_\_\_  
 SELIMA BEGAN \_\_\_\_\_

  
 Signature of Admitting Designation

IPC Serial No. : \_\_\_\_\_ Entry 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 /

(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. :