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

Wluberia S.D. Hospital Months Days Age: Yrs. Sex: Patient's Name: Admission Time : PA19037857 Admission Date: Patient Category: PAYING/CABIN/GENERAL Patient Srl. No.: Registration No.: Charge Coll. No.: Bed No.: Patient Type: OPD/ER Ward Address Municipality / Village: Post Office: PIN: District Police Station : State Nationality: Religion : Address for Communication: West Bengal Patient's Occupation : Marital Status : **Husband's Name** Father's Name: Phone / Mobile No. Brought By Doctor/UNIT : [DOCOGOGO85] DR. RAJAT KANTI GASWAMI Whether Referred From: **Provisional Diagnosis:** Signature of Admitting Officer Designation Diary No.: IPC Serial No. : Whether injury occurred Specify if it is a Specify the place of injury How injury cause of accident/ while at work Home/Farm Occurred Specify by Yes / No. Suicide/Homicide Factory / Street / Others (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) ..... at ...... Hrs ..... Date and Hour of Death .....

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation

Regn. No.: