

**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: 1

SK SELIM

Male

53

0 0

Patient's Name : PA19030167 02-Jul-2019 Sex : Age : Yrs. Months Days

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

RG19131068 Charge Coll. No.:

Registration No. : [WRD0000013] DIALYSIS UNIT [Free]

Ward : Bed No. : Patient Type : OPD/ER

Address : Municipality / Village : Post Office : PIN :

Police Station : State : Nationality : District : Religion :

Address for Communication : Marital Status : Patient's Occupation :


Father's Name : Husband's Name :

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

Doctor/UNIT : DIALYSIS

Whether Referred From :

Provisional 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 / 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 Designation
Regn. No. :

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