

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

SARASWATI PRESS LIMITED  
F1  
08/16

Patient's Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

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

Registration No. : \_\_\_\_\_ Uluberia S.D. Hospital \_\_\_\_\_ Patient Type : OPD/ER  
Ward : \_\_\_\_\_ Vill.+P.O.+P.S. - Uluberia \_\_\_\_\_ Bed No. : \_\_\_\_\_ Dist. - Howrah

Address : \_\_\_\_\_ PIN : \_\_\_\_\_

Municipality / Village : SIKHA KOLEY \_\_\_\_\_ Post Office : Female \_\_\_\_\_

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

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Address for Communication : 19039688 \_\_\_\_\_ 10-Jul-2019 \_\_\_\_\_ 06:31

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

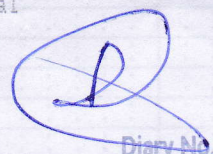
Father's Name : R019137142 \_\_\_\_\_ Charge Coll. No. : \_\_\_\_\_ Husband's Name : \_\_\_\_\_

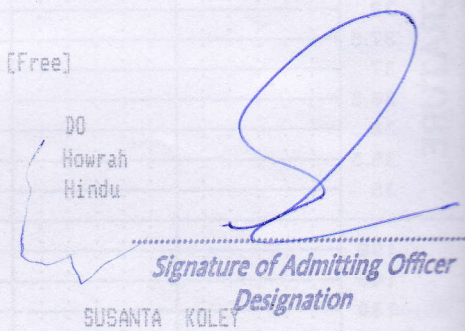
Brought By : [WRD0000013] DIALYSIS UNIT \_\_\_\_\_ Phone / Mobile No. : [Free]

Doctor/UNIT : NASKAR PUR \_\_\_\_\_ DO \_\_\_\_\_

Whether Referred From : Jagatballavpur P. S. \_\_\_\_\_ Howrah \_\_\_\_\_

Provisional Diagnosis : West Bengal \_\_\_\_\_ Indian \_\_\_\_\_ Hindu \_\_\_\_\_

Married 

  
Signature of Admitting Officer  
Designation

IPC Serial No. : \_\_\_\_\_ PAPA KOLEY \_\_\_\_\_ Diary No. : \_\_\_\_\_ SUSANTA KOLEY \_\_\_\_\_

Specify if it is a cause of accident/Suicide/Homicide	[DOC0000134] DR. MRINAL BAYADA 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. :