

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

Vill. + P.O. + P.S. + Dist. - Howrah
BED HEAD TICKET

Printed By

RABIN SAMANTA

Male

56

Patient's Name : PA19038422 03-Jul-2019 Sex : 17:28 Age : Yrs. Months Day

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL
RG19132224 Charge Coll. No. : [Free]

Registration No. : [WRD0000013] DIALYSIS UNIT
Ward : SADATPUR Bed No. : MANASINGHAPUR Patient Type : OPD/ER

Address : Jagatballavpur P. S. Howrah
Municipality / Village : West Bengal Indian Post Office : Hindu PIN :

Police Station : State : Nationality : District : Religion : Address for Communication :

Marital Status : Single LT BHAGIRATH SAMANTA Patient's Occupation : Husband's Name : Phone / Mobile No. :

Father's Name : Brought By : [DDC0000011] Dr. ALOKE KR. MUKUTI

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :

Dialysis

[Handwritten 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 Designation
Regn. No. :

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