

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

BED HEAD TICKET
Hospital, Kolkata
28, College Street, Kolkata-700073
(PH-0)

User Name: "STUD" NSWAY

Rel at 11:25 PM

Patient's Name : _____ Sex : Male Age : _____ Yrs. _____ Months _____ Days _____
 Patient Srl. No. : _____ Admission Date : _____ Admission Time : _____ Patient Category : PAYING/CABIN/GENERAL
 Registration No. : _____ Bed No. 270 Patient Type : OPD/ER
 Ward : _____
 Address : _____ Post Office : NABAB GUNJ PIN : 000000
 Municipality / Village : _____ Post Office : North 24-Parganas
 Police Station : West Bengal India District : Hindu
 State : _____ Nationality : _____ Religion : _____
 Address for Communication : _____
 Marital Status : Married Patient's Occupation : _____
 Father's Name : DEEPU LAL SHAW Husband's Name : 9051652819
 Brought By : LAKSHI SINGH Phone / Mobile No. : _____
 Doctor/UNIT : _____ Prof. N. Chakraborty
 Whether Referred From : _____
 Provisional Diagnosis : _____

Sr. O. D.
 Medical College Hospital
 Signature of Admitting Officer
 Designation
 21/06/19

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. _____

22/6/19
1:50pm