

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

User Name : PRANAB PRASAD

Rd at
23/6/19
35-2-19

Patient's Name : RAJESH KUMAR CHAKRABORTY Sex : Male Age : 34 Yrs. Months Days

Patient Srl. No. : Admission Date : 23-06-2019 Admission Time : 3:13 PM Patient Category : PAYING/CABIN/GENERAL

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

Address : Municipality / Village : Post Office : District : PIN :

State : Nationality : Religion :

Address for Communication :

Marital Status : Patient's Occupation : Husband's Name :

Father's Name : Brought By : Phone / Mobile No. : Sr. O. D. Medical College Hospital

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :

IPC Serial No. : 6811 I have been explained in my own language about critical condition of my pt. Signature of Admitting Officer Designation Soumen Chatterjee

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm 23/06/19 Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.
	To ERD, Please transfer this pt to any available bed		in MCH-1 (M)

(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 06/23/2019 03:23 PM

Date and Hour of Death at Hrs

Counter Signature of the Visiting Staff / Medical Officer Signature of the Doctor with Designation Regn. No.