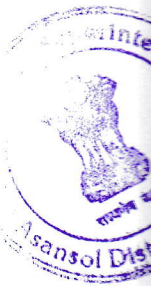


**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET**



Patient's Name : Irfan Ahmad. Sex : M Age : 42 Yrs. Months Days

Patient Srl. No. : 31843 Admission Date : 14/05/19. Admission Time : 02:30 PM Patient Category : PAYING/CABIN/GENERAL

Registration No. : \_\_\_\_\_ Bed No. : \_\_\_\_\_ Patient Type : OPD/ER

Address : \_\_\_\_\_ District Hospital

Municipality / Village : Pakka Bazar Post Office : ASN PIN : \_\_\_\_\_

Police Station : ASN(S) District : Paschim Bardhaman Religion : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

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

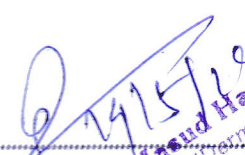
Spouse's Name : Lt. Md. E Saad Husband's Name : \_\_\_\_\_

Brought By : Self Phone / Mobile No. : \_\_\_\_\_

Referral/UNIT : \_\_\_\_\_

Whether Referred From : \_\_\_\_\_

Provisional Diagnosis : Dr. S. Gupta  
Dialysis

  
 Signature of Admitting Officer  
 Designation: Medical Officer (Hematology) BMC  
 Reg. No.: 504  
 Asansol District Hospital

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)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury .....

Principal Complications .....

Principal Associated Diseases .....

Stay in Hospital (in days) ..... From ..... to .....

Time and Hour of Death ..... at ..... Hrs .....

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation

*Irfan Ahmad*

স্বাস্থ্য সচিবের কার্যালয়  
 পশ্চিম বর্ডহামন জেলা স্বাস্থ্য অফিস  
 কলিকতা-৭০