

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

Patient's Name : Baby Ananda Mou Roy Sex : F Age : 4 Yrs. Months Days

Patient Srl. No. : _____ Admission Date : 13/05/19 Admission Time : 6:02 AM Patient Category : PAYING/CABIN/GENERAL

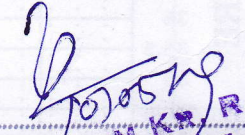
Registration No. : 31597 Ward : ~~ER~~ ER088 Bed No. : _____ Patient Type : OPD/ER

Municipality / Village : Searsale Rajbari Post Office : Raniganj PIN : _____
 Police Station : _____ District : PSM MRN Religion : _____
 State : Raniganj Nationality : _____
 Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
 Father's Name : _____ Husband's Name : Kaustik Roy
 Brought By : Self Phone / Mobile No. : _____

Doctor/UNIT : _____
 Whether Referred From : Dr. S. D.
 Provisional Diagnosis : _____

IPC Serial No. : _____ Diary No. : _____


 Signature: Uttam Kumar Ray
 DR. UTTAM KUMAR RAY
 Medical Officer
 Reg. No.: 42440 (WBMC)
 Asansol District Hospital

| 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. |
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| | | | |

(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. : _____