

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



Patient's Name : Harendra Prasad Sex : M Age : 35 Yrs. Months Days

Patient Srl. No. : _____ Admission Date : 13.5.19 Admission Time : _____ Patient Category : PAYING/CABIN/GENERAL

Registration No. : 31604 _____ Bed No. : _____ Patient Type : OPD/ER

Ward : _____ Address : _____ Municipality / Village : Newulpa Chelidanga Post Office : AN PIN : _____

Police Station : AN District : P. BOW Religion : _____ Nationality : _____

State : _____ Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____ Father's Name : Surbash Prasad Husband's Name : _____ Brought By : _____ Phone / Mobile No. : _____

Doctor/UNIT : _____ Whether Referred From : _____ Provisional Diagnosis : AN _____

Diary No. : _____

Signature of Admitting Officer : _____
Designation : _____
Reg. No. : 42440 (WBMC)
District Hospital

IPC Serial 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. |
|--|---------------------|---|--|
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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. : _____