

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



Patient's Name : Rina Banerjee Sex : F Age : 52 Yrs. Months Days

Patient Srl. No. : \_\_\_\_\_ Admission Date : 14/05/12 Admission Time : 08.05 AM Patient Category : PAYING/CABIN/GENERAL

Registration No. : 31839

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

Address : Dyalisr

Municipality / Village : 7.5 mile, H.P college Post Office : ASN PIN : \_\_\_\_\_  
 Police Station : Hinapur District : Paschim Bardhaman Asansol District  
 State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

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

Marital Status : Husband Patient's Occupation : \_\_\_\_\_  
 Father's Name : Basudeb Banerjee Husband's Name : \_\_\_\_\_  
 Brought By : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : Husband

Whether Referred From : Dr. S. Gupta

Provisional Diagnosis : \_\_\_\_\_

IPC Serial No. : \_\_\_\_\_ Diary No. : \_\_\_\_\_

14/5/12  
 Signature of Admitting Officer  
 Medical Officer (WEMC) Reg. No. 664  
 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.

(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. : \_\_\_\_\_