

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



Patient's Name : Sauista Parween Sex : F Age : 30 Yrs. Months Days
Patient Srl. No. : 34830 Admission Date : 26/05/19 Admission Time : 6:20 Patient Category : PAYING/CABIN/GENERAL

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

Municipality / Village : Jamunia Post Office : Jamunia PIN :
Police Station : Jamunia District : Psm Ban. Religion :
Nationality :

Marital Status : Patient's Occupation :
Father's Name : Husband's Name : Khurshid Alam
Brought By : Husband Phone / Mobile No. :

Referral/UNIT : Whether Referred From : Dr Gouti
Provisional Diagnosis :

Dr. Panchanan De
Medical Officer (Radiology)
Reg. No.: 43017 (WBMC)
Asansol District Hospital
Signature of Admitting Officer
Designation

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.
<u>✓</u>			

(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 :

In Hospital (in days) : From to

Time and Hour of Death : at Hrs

Signature of the Visiting Staff / Medical Officer
No. :

Signature of the Doctor with Designation
Regn. No. :

Asansol District Hospital
DIST
A - Veg. / Non-Veg
B - Veg. / Non-Veg
C - Veg. / Non-Veg
D - Veg. / Non-Veg
E - Veg. / Non-Veg
F - Veg. / Non-Veg

খুরশিদ আলম
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খুরশিদ আলম

Khurshid Alam