

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



Patient's Name: Ramesh Nandi Sex: M Age: 36 Yrs. Months Days

Patient Srl. No.: 33134 Admission Date: 19/5/19 Admission Time: 6:30 PM Patient Category: PAYING/CABIN/GENERAL

Registration No.: Dyalgiss BR Ward: Bed No.: Patient Type: OPD/ER

Address: Hulton Rd. Municipality / Village: Post Office: ASL PIN: ASL District: K BOW Religion: Nationality:

Marital Status: Father's Name: Biswanath Nandi Patient's Occupation: Husband's Name: Brought By: father Phone / Mobile No. Doctor/UNIT: Whether Referred From: Provisional Diagnosis: DR. S-Dutta

Signature: A. Das
DR. ANURAG DAS
Medical Officer (Orthopedic)
RG No. - 108284
ASANSOL DISTRICT HOSPITAL

C 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
Regn. No.:

Signature of the Doctor with Designation
Regn. No.:

ASANSOL DISTRICT HOSPITAL
DIET
A - Veg. / Non
B - Veg. / Non
C - Veg. / Non
D - Veg. / Non
E - Veg. / Non
F - Veg. / Non

স্বাস্থ্যকর খাদ্যের একটি জেডে এক বা একাধিক