

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



Patient's Name: Kalyan Chakraborty Sex: M Age: 38 Yrs. Months \_\_\_\_\_ Days \_\_\_\_\_  
 Patient Srl. No.: \_\_\_\_\_ Admission Date: 26/05/12 Admission Time: 10:52 Patient Category: PAYING/CABIN/GENERAL  
34886  
 Registration No.: \_\_\_\_\_ Bed No.: \_\_\_\_\_ Patient Type: OPD/ER  
ER & PBS  
 Address: \_\_\_\_\_ Post Office: Raobhawan PIN: \_\_\_\_\_  
 Municipality / Village: Dhurbangan District: Pase. Bardhaman  
 Police Station: Hirapur Religion: \_\_\_\_\_  
 State: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Address for Communication: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Patient's Occupation: \_\_\_\_\_  
 Father's Name: U. Gan gadhar Chakraborty Husband's Name: \_\_\_\_\_  
 Brought By: Self Phone / Mobile No.: \_\_\_\_\_  
 Doctor/UNIT: \_\_\_\_\_  
 Whether Referred From: \_\_\_\_\_  
 Provisional Diagnosis: \_\_\_\_\_

- Asansol District Hospital  
**DIET**  
 A - Veg. / Non - Veg  
 B - Veg. / Non - Veg  
 C - Veg. / Non - Veg  
 D - Veg. / Non - Veg  
 E - Veg. / Non - Veg

Dr. Aninda Paul  
 Signature of Admitting Officer  
 Medical Officer (Dermatology)  
 Reg. No.: 52159 (WBMC)  
 Asansol District Hospital

IPC 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.

কোনো  
 গুরুত্বপূর্ণ  
 তথ্য  
 জানা  
 গেলে  
 তা  
 জানিয়ে  
 দেওয়া  
 হবে

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