

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

Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia, P.S. :,Dist.- Howrah

Printed By:IP

Patient's Name : **MADAN SAMANTA** Sex : **Male** Age : **37** Yrs. **0** Months **0** Days

Patient Srl. No. : **PA19034291** Admission Date : **15-Jun-2019** Admission Time : **08:36** Patient Category : **PAYING/CABIN/GENERAL**

Registration No. : **RG19116431** Charge Coll. No. : **[WRD0000013]** Bed No. : **[Free]** Patient Type : **OPD/ER**
Ward : **[WRD0000013] DIALYSIS UNIT**

Municipality / Village : **NAKIL** Post Office : **DO** PIN :
Police Station : **Shyampur P. S.** District : **Howrah**
State : **West Bengal** Nationality : **Indian** Religion : **Hindu**
Address for Communication :

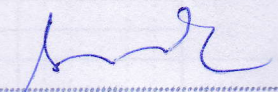
Marital Status : **Single** Patient's Occupation :
Father's Name : **LT JHARU CHARAN SAMANTA** Husband's Name :
Brought By : **SUVASISH SAMANTA** Phone / Mobile No. : **0**

Doctor/UNIT : **[DOC0000062] DR. MANABENDRA ROY**

Whether Referred From :

Provisional Diagnosis :

⑤


Signature of Admitting Officer
Designation

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.

(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. :

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