

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

SARASWATI PRESS LIMITED
F1
08/18

Patient's Name :		Sex :	Age :	Yrs.	Months	Da
Patient Srl. No. :	Admission Date :	Uluberia S.D. Hospital Vill.+P.O.+P.S. - Uluberia, P.O., Dist.- Howrah	Admission Time :	Patient Category : PAYING/CABIN/GENE		
Registration No. :	HABIBUL RAHAMAN	Male	31	0	0	
Ward :	PA19037416	28-Jun-2019	Bed No. :	22:45	Patient Type : OPD/ER	
Address :	Municipality / Village :		Post Office :	PIN :		
Police Station :	R619120333	Charge Coll. No. :	District :			
State :	[WRD0000013] DIALYSIS UNIT	Nationality :	Religion :	[Free]		
Address for Communication :	ALIPUKUR		Patient's Occupation :	BAHIRA		
Marital Status :	Uluberia P. S.	Indoor	Husband's Name :	Howrah		
Father's Name :	West Bengal		Phone / Mobile No. :	Muslim		
Brought By :						
Doctor/UNIT :	Married	<i>Dishu</i>				
Whether Referred From :	SK MIKAIL					
Provisional Diagnosis :	SELIMA BEGAM					
	[DDC0000085] DR. RAJAT KANTI BASWAMI					

[Signature]

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. :