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

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

Printed By:IP

Patient's Name : JAYANTA KAYAL		Sex:	Male Age:	Yrs. Months Day
Patient Srl. No.: PA19037446 Admiss	sion Date: 29-Jun-201	Admission Time:	05 : 45	gory: PAYING/CABIN/GENERA
Registration No. : RG19128363 Ward : [WRD0000013] DIA	Charge Coll. No.s ALYSIS UNIT	Bed No. :	[Free]	Patient Type : OPD/ER
Municipality / Village: Police Station: Uluberia P. S. State: West Bengal Address for Communication:	SHPUR Nationality: India	Post Office: District: Religion:	ULUBERIA Howrah Hindu	PIN:
Marital Status : Married Father's Name : LT ARABINDA KAYA Brought By : SELF	AL Hu	tient's Occupation : sband's Name . one / Mobile No. :	0	
Doctor/UNIT : [DBE0000085] DF Whether Referred From: Provisional Diagnosis :	R. RAJAT KANTI SASWAMI			
IPC Serial No. :	Diary No. :			gnature of Admitting Officer Designation
		Specify the pl	ace of injury	Whether injury occurred
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Home/ Factory / Stro	Farm	while at work Specify by Yes / No.
cause of accident/		Home/	Farm	while at work
cause of accident/		Home/	Farm	while at work
cause of accident/ Suicide/Homicide	Occurred  (To be filled in BLOCK LETTER	Factory / Strong / St	Farm eet / Others	while at work
cause of accident/ Suicide/Homicide  (a) Outcome: Discharged/Left Against Me	(To be filled in BLOCK LETTER dical Advice / Absconded / Refe	Factory / Streets of Hospital Streets out / Death	Farm eet / Others	while at work Specify by Yes / No.
(a) Outcome: Discharged/Left Against Me  (b) Final Diagnosis or Injury	(To be filled in BLOCK LETTER dical Advice / Absconded / Refe	Factory / Streets  S at the end of Hospital Streets  Freed out / Death	Farm eet / Others	while at work Specify by Yes / No.
cause of accident/ Suicide/Homicide  (a) Outcome: Discharged/Left Against Me (b) Final Diagnosis or Injury	(To be filled in BLOCK LETTER dical Advice / Absconded / Refe	Factory / Strong / St	Farm eet / Others Stay)	while at work Specify by Yes / No.
(a) Outcome: Discharged/Left Against Me  (b) Final Diagnosis or Injury	(To be filled in BLOCK LETTER dical Advice / Absconded / Refe	Factory / Strong / St	Farm eet / Others Stay)	while at work Specify by Yes / No.
cause of accident/ Suicide/Homicide  (a) Outcome: Discharged/Left Against Me (b) Final Diagnosis or Injury	(To be filled in BLOCK LETTER dical Advice / Absconded / Refe	Factory / Strong / St	Farm eet / Others Stay)	while at work Specify by Yes / No.
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