

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

Vill.+P.O.+P.S. - Uluberia, P.S. 1, Dist.- Howrah

Printed By: IP

ROUSHAN ALI MALLICK

Male 45 0 0

Patient's Name : PA19037492 Sex : Age : Yrs. Months Days

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19128641 Charge Coll. No. : [Free]
[WRD0000013] DIALYSIS UNIT

Ward : CHANDRA PUR Bed No. : 80 Patient Type : OPD/ER

Address : Apta P. S. Municipality / Village : West Bengal Post Office : Howrah PIN :

Police Station : West Bengal Indian District : Muslim

State : Nationality : Religion :

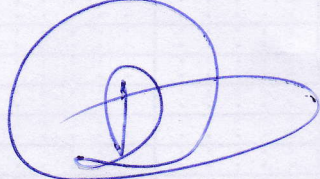
Address for Communication : Married

Marital Status : AMAN ALI MALLICK Patient's Occupation :

Father's Name : SAHAMARA BEGAM Husband's Name :

Brought By : [DOC0000062] DR. MANABENDRA ROY Phone / Mobile No. :

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :




*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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