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: IPD

Signature of the Doctor with Designation

Regn. No.:

Patient's Name :	GURIRAM BEJ	Sex:	Male Age	: 148. Months Day
Patient Srl. No. :	PA19034815 Admission Date: 1	7-Jun-2019Admission Time:	17: 9 átient	Category: PAYING/CABIN/GENERA
Registration No. : Ward : Address	RG19118231 Charge Coll. No.: [WRD0000013] DIALYSIS UNIT	Bed No. :	[Free]	Patient Type : OPD/ER
Municipality / Village : Police Station : State : Address for Communicat	LATIBPUR Uluberia P. S. West Bengal Nationality : tion :	Post Offici District Religion	e: ULUBEF Howrah Hindu	8 45 % •
Marital Status : Father's Name : Brought By :	Single LT BANKIM BEJ SHYAMALI BEJ	Patient's Occupation Husband's Name Phone / Mobile Ne.	:	
Doctor/UNIT : Whether Referred From Provisional Diagnosis :	[DOC000085] DR. RAJAT KANTI GASW	AMI		Sol
IPC Serial No. :	Diery No.:			Signature of Admitting Officer Designation
Specify if it i cause of accid Suicide/Homi	ent/ How injury		y the place of injury Home/Farm ry / Street / Others	Whether injury occurred while at work Specify by Yes / No.
cause of accid	ent/ How injury		Home/Farm	while at work
cause of accid Suicide/Homi	lent/ How injury Occurred	Facto	Home/Farm ry / Street / Others	while at work
cause of accid Suicide/Homi (a) Outcome: Discharg	(To be filled in BLOCK ged/Left Against Medical Advice / Abscond	K LETTERS at the end of Ho	Home/Farm ry / Street / Others spital Stay)	while at work
cause of accid Suicide/Homi (a) Outcome: Discharg (b) Final Diagnosis or I	cide How injury Coccurred (To be filled in BLOCE	K LETTERS at the end of Ho	Home/Farm ry / Street / Others spital Stay)	while at work Specify by Yes / No.
cause of accid Suicide/Homi (a) Outcome: Discharg (b) Final Diagnosis or I (c) Principal Complicat	(To be filled in BLOCI ged/Left Against Medical Advice / Abscond	K LETTERS at the end of Holed / Referred out / Death	Home/Farm ry / Street / Others spital Stay)	while at work Specify by Yes / No.
(a) Outcome: Discharg (b) Final Diagnosis or I (c) Principal Complicat (d) Principal Associated	(To be filled in BLOCK ged/Left Against Medical Advice / Abscondingury	K LETTERS at the end of Holed / Referred out / Death	Home/Farm ry / Street / Others spital Stay)	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: