


**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: .....

**Patient's Name :** HIMANSHU PANDIT      Sex : Male      Age : 19 Yrs.      Months : 0      Days : 0  
**Patient Srl. No. :** PA17037452      Admission Date : 29 Jun 2017      Admission Time : 00:44      Patient Category : PAYING/CABIN/GENER  
**Registration No. :** RG19120369      Charge Coll. No. : [Free]      Patient Type : OPD/ER  
**Ward :** [WRD0000013] DIALYSIS UNIT      **Bed No. :** [Free]  
**Address :** KANALACHAK      **Post Office :** KANTABERIA  
**Municipality / Village :** Uluberia P. S.      **District :** Howrah      **Religion :** Hindu      **Nationality :** Indian  
**Police Station :** West Bengal      **Religion :** Hindu  
**State :** West Bengal      **Nationality :** Indian  
**Address for Communication :**      **Religion :** Hindu  
**Marital Status :** Single      **Patient's Occupation :**      **Husband's Name :**      **Phone / Mobile No. :**  
**Father's Name :** SAMAR PANDIT      **Husband's Name :**      **Phone / Mobile No. :**  
**Brought By :** PARBATI PANDIT      **Husband's Name :**      **Phone / Mobile No. :**  
**Doctor/UNIT :** [DDC0000085] DR. RAJAT KANTI GOSWAMI  
**Whether Referred From :** DIALYSIS  
**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  
 Signature of the Doctor with Designation  
 Regn. No. :

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