

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

Uluberia S.D. Hospital

Patient's Name : Vill.+P.O.+P.S. - Uluberia , P.S. : **Sex** :- Howrah **Age** : **Yrs.** **Pr** **Months** : **IP**

Patient Srl. No. : NASIRUDDIN **MR** **Admission Date** : **Admission Time** : Male **Patient Category** : PAYING/CABIN/G

PA19036985 27-Jun-2019 06:02

**Registration No.** : **Ward** : **Bed No.** : **Patient Type** : OPD/ER

**Address** : RD19126762 **Charge Coll. No.** : **Post Office** [Free] **PIN** :

**Municipality / Village** : [EMRD0000013] DIALYSIS UNIT **Post Office** [Free] **PIN** :

**Police Station** : **District** : **Religion** : DO

**State** : JAYRAMPUR **Nationality** : Indian **Religion** : Howrah

**Address for Communication** : **West Bengal** **Indian** **Muslim**

**Marital Status** : **Patient's Occupation** : **Husband's Name** : **Phone / Mobile No.** :

**Father's Name** : **Brought By** : Married **LT ROUF**

**Doctor/UNIT** : NAJIMA

**Whether Referred From** : **Provision Diagnosis** : [DOC0000011] Dr. ALOKE KR. MUKUTI

*Dr* 27/6/19  
Signature of Admitting Officer  
Designation

C 65

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 / Abeconded / 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 Office  
Regn. No.

Signature of the Doctor with Designation  
Regn. No.