

**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

Patient's Name : **SK JAHIDUL ISLAM** Sex: **Male** Age: **38** Months **Days**

Patient Srl. No. : **PA19033157** Admission Date : **10-Jun-2019** Admission Time : **19:33** Patient Category : **PAYING/CABIN/GENERAL**

Registration No. : **RG19112942** Charge Coll. No. : **[Free]** Patient Type : **OPD/ER**
Ward : **[WRD0000013] DIALYSIS UNIT** Bed No. :

Address : **SANTESH PUR** Post Office : **KULITA PARA** PIN :
Municipality / Village : **Bagnan P. S.** District : **Howrah**
Police Station : **West Bengal** Nationality : **Indian** Religion : **Muslim**
State :

Address for Communication :
Marital Status : **Single** Patient's Occupation :
Father's Name : **LT SK YAGUB ALI** Husband's Name :
Brought By : **SK NAZRUL ISLAM** Phone / Mobile No. :

Doctor/UNIT : **[DOC0000114] DR. BISMAJIT CHEL**
Whether Referred From :
Provisional Diagnosis :

Dialysis

[Signature]
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. :