

**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 **Sex:** **Age:** **Yrs.** **Months** **Days**

Patient's Name : SK EAJESH ALI **Admission Date :** **Admission Time :** **Patient Category :** PAYING/CABIN/GENERAL

PA19038493 04-Jul-2019 06:28

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

Ward : R019132296 **Charge Coll. No. :** **Post Office :** [Cabin] **PIN :**

Address : [WRD0000013] DIALYSIS UNIT **Post Office :** **District :** **Religion :**

Municipality / Village : **Police Station :** **State :** **Nationality :** **Indian** **Howrah** **Muslim**

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

Marital Status : **Patient's Occupation :**

Father's Name : Married **Husband's Name :**

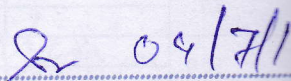
Brought By : SK NOESWR ALI **Phone / Mobile No. :**

NASINARA BEGAM

Doctor/UNIT : **Whether Referred From :** [DOC0000011] Dr. ALOKE KR. MUKUTI

Provisional Diagnosis :

Clen


 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. :