

DEPARTMENT OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

Vill.+P.O. P.S. : Uluberia P.S., Dist.- Howrah

BED HEAD TICKET

Printed By

SOURIN MAITY

Male

36

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PA19038552

04-Jul-2019

11:35

Patient's Name : Sex : Age : Yrs. Months Da

Patient Srl. No. : RG19132749 Admission Date : [NRD0000013] DIALYSIS UNIT Admission Time : Patient Category : PAYING/CABIN/GENERAL [Free]

Registration No. : ULUBERIA Ward : Uluberia P. S. Bed No. : Howrah Patient Type : OPD/ER

Address : West Bengal Indian Hindu

Municipality / Village : Post Office : PIN :

Police Station : District :

State : Single Nationality : Religion :

Address for Communication : SUKUMAR MAITY ASHA MAITY

Marital Status : [DOC0000062] DR. MANABENDRA ROY Patient's Occupation :

Father's Name : Brought By : Husband's Name :

Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From : Dialysis (58)

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
Regn. No. :

Signature of the Doctor with Designation
Regn. No. :

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