

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

Uluberia S.H. Hospital  
**BED HEAD TICKET**  
Vill.+P.O.+S. :- Uluberia, P.S. :- Dist.- Howrah

Printed By: 1

JAYANTA KAYAL

Male

47

0

0

Patient's Name : PA19038866      06-Jul-2019      Sex :      05:47      Age :      Yrs.      Months      Day

Patient Srl. No. :      Admission Date :      Admission Time :      Patient Category : PAYING/CABIN/GENERA

RG19133947      Charge Coll. No. :  
[WRD0000013] DIALYSIS UNIT

[Free]

Registration No. :      Ward :      N. JAGADISHPUR      Bed No. :      ULUBERIA      Patient Type : OPD/ER

Address :      Uluberia P. S.      Municipality / Village :      West Bengal      Indian      Post Office :      Howrah      District :      Hindu      PIN :

Police Station :      State :      Nationality :      Religion :

Address for Communication :      Married      L.T. ARABINDA KAYAL      Patient's Occupation :      0

Marital Status :      MITALI KAYAL      Father's Name :      Husband's Name :      Brought By :      [DOC0000011] Dr. ALOKE KR. MUKUTI      Phone / Mobile No. :

Doctor/UNIT :      DIALYSIS

Whether Referred From :  
Provisional Diagnosis :

*[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. :

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