

**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: I

Patient's Name : ABDUL SALAM MOLLA Sex : Male Age : 45 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19038870 Admission Date : 06-Jul-2019 Admission Time : 06:34 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19133951 Charge Coll. No. : [Free] Bed No. : [Free] Patient Type : OPD/ER

Ward : [NRD0000013] DIALYSIS UNIT

Address : [Free]

Municipality / Village : CHENGAIL Post Office : DO PIN : [Free]

Police Station : Uluberia P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication : [Free]

Marital Status : Married Patient's Occupation : [Free]

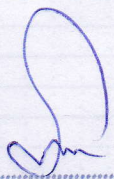
Father's Name : SAJAHAN MOLLA Husband's Name : [Free]

Brought By : HALIMA BEGAM MOLLA Phone / Mobile No. : [Free]

Doctor/UNIT : [DOC0000011] Dr. ALOKE KR. MUKUTI

Whether Referred From : [Free]

Provisional Diagnosis : DIALYSIS



*Signature of Admitting Officer  
Designation*

IPC Serial No. : [Free] Diary No. : [Free]

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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