

**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 :** SK BASIRUL ISLAM **Sex :** Male **Age :** 47 **Yrs.** **Months** **Days**

**Patient Srl. No. :** PA19030873 **Admission Date :** 06-Jul-2019 **Admission Time :** 06:55 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RD19133954 **Charge Coll. No. :** [Free] **Bed No. :** [Free] **Patient Type :** OPD/ER

**Ward :** [WRD0000013] DIALYSIS UNIT

**Address :**

**Municipality / Village :** AJANGACHI **Post Office :** KASHMOLI **PIN :**

**Police Station :** Jaypur P. S. **District :** Howrah

**State :** West Bengal **Nationality :** Indian **Religion :** Muslim

**Address for Communication :**

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


**Father's Name :** L.T SK LIHAJUDDIN **Husband's Name :**

**Brought By :** SALIMA BEGAM **Phone / Mobile No. :** 0

**Doctor/UNIT :** [DDC0000011] Dr. ALOKE KR. MUKUTI

**Whether Referred From :**

**Provisional Diagnosis :** DIALYSIS

  
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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