

PA19038897

06-Jul-2019

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DEPARTMENT OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

BED HEAD TICKET

RG19134085

Charge Coll. No.

[WRD0000013] DIALYSIS UNIT

[Free]

SAMASPUR

KASMULI

Jaypur P. G.

Howrah

Patient's Name :

West Bengal

Indian

Sex :

Age :

Yrs.

Months

Day

Patient Srl. No. :

Admission Date :

Admission Time :

Patient Category : PAYING/CABIN/GENER

Single

Registration No. :

LT ARJEL HOQUE

Ward :

SELF

Bed No. :

Patient Type : OPD/ER

Address :

[DCC0000062] DR. MANABENDRA ROY

Municipality / Village :

Post Office :

PIN :

Police Station :

District :

State :

Nationality :

Religion :

Address for Communication :

Marital Status :

Patient's Occupation :

Father's Name :

Husband's Name :

Brought By :

Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

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

Principal Complications

Associated Diseases

From to

at Hrs

.....
Staff / Medical Officer

Uluberia S.D. Hospital

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

.....
Signature of the Doctor with Designation
Regn. No. :