

**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:IPD

**Patient's Name :** SAKILA BIBI **Sex :** Female **Age :** 50 **Yrs.** 50 **Months** 0 **Days** 0

**Patient Srl. No. :** PA19036253 **Admission Date :** 24-Jun-2019 **Admission Time :** 07:01 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** \_\_\_\_\_ **Bed No. :** \_\_\_\_\_ **Patient Type :** OPD/ER

**Ward :** \_\_\_\_\_ **Charge Coll. No. :** \_\_\_\_\_

**Address :** RG19123312 **Municipality / Village :** [WRD0000013] DIALYSIS UNIT **Post Office :** [Free] **PIN :** \_\_\_\_\_

**Police Station :** \_\_\_\_\_ **District :** \_\_\_\_\_

**State :** W. BAURIA **Nationality :** Indian **Religion :** CHAKKASHI

**Address for Communication :** BAURIA P. S. West Bengal **Religion :** Muslim

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

**Father's Name :** \_\_\_\_\_ **Husband's Name :** \_\_\_\_\_

**Brought By :** \_\_\_\_\_ **Phone / Mobile No. :** SK SIRAJ

**Doctor/UNIT :** KULSUM KHATUN

**Whether Referred From :** [DOC0000062] DR. ANABENDRA ROY

**Provisional Diagnosis :** *B. Chel*

*Sm*  
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. :