## DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL BED HEAD TICKET

|  |   | Vill.+P.O.                              | Uluberia S.D. Hospital Vill.+P.O.+P.S Uluberia , P.S. : Dist Howrah Printed By: |   |   |  |  |             |
|--|---|---|---|---|---|--|--|-------------|
| Patient's Name :   | SK RAJESH ALI   |   |   | Sex:  | Male Age:                               | Yrs.   | Months                                     | Day         |
| and the Contract of the Contra |   |   | 8-Jul-2019 Admi   | Jul-2019 Admission Time:  |   | Patient Category: PAYING/CABIN/GENER                       |  | SENERA      |
| egistration No.:  /ard : RG19134984 Charge Coll. No.:  |   |   |   | Bed No.:  |   | Patient Type : OPD/ER                                      |  | R           |
| Address Municipality / Village: Police Station: State: Address for Communic  | nicipality / Village: KALYANPUR ice Station: Bagnan P. S. |   | Indian  | Post Office: District: Religion:                                |   | PIN:   |  |             |
| Marital Status :<br>Father's Name :<br>Brought By :  | Name : SK NAWSER ALI                                      |   |   | Patient's Occupation : Husband's Name . Phone / Mobile No. :    |   |  |  |             |
| Doctor/UNIT :<br>Whether Referred Fro<br>Provisional Diagnosis :   |   | BISWAJIT CHEL                           |   |   |   | R  | w  |             |
| IPC Serial No. :   |   | Diary No.:                              |   |   | Si                                      | gnature of A   | Admitting C<br>nation                      | Yfficer     |
| Specify if it cause of acc<br>Suicide/Hor  | ident/  | How injury<br>Occurred                  |   | Specify the place of injury Home/Farm Factory / Street / Others |   | Whether injury occurred while at work Specify by Yes / No. |  |             |
| 10 80 10 10 10 10 10 10 10 10 10 10 10 10 10   |   |   |   |   |   |  |  |             |
|  | (To   | o be filled in BLOG                     | CK LETTERS at t   | he end of Hospital :  | Stay)                                   |  |  |             |
| (a) Outcome: Discha  | arged/Left Against Medic                                  | al Advice / Abscor                      | nded / Referred o   | out / Death   |   |  |  |             |
| (b) Final Diagnosis o  | r Injury  | 99468 <b>4698</b> 46868689844848        | 444000000000000000000000000000000000000   | ***************************************                         |   | ***********  | 5657688860 <b>8</b> 88 <del>888888</del> 8 | 444030000   |
| (c) Principal Complic  | ations  | *************************************** | 484040000000000000000000000000000000000   |   | 898508008800880000000000000000000000000 | ***************************************                    | ************                               | *********   |
| (d) Principal Associat   | ed Diseases   | *************************************** |   | ***************************************                         | *************************************** |  | 0000000000000000000                        | *********** |
|  |   |   |   | F   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | to   |  |             |
| Stay in Hospital (in da  | ys)   |   | *************   | rrom.   | *****************                       |  |  | -           |

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation Regn. No.: