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: IPI

Patient's Name :	ALI NALLICK	Sex:	Male Age:	Yrs. Months Bays
Patient Srl. No. : PA1903932	Admission Date : 08-Ju	1-2019 Admission Time :	^{11:4} Patient Cate	egory: PAYING/CABIN/GENERAL
vvalu	603 Charge Coll. No.: 013] DIALYSIS UNIT	Bed No.:	[Free]	Patient Type : OPD/ER
Address Municipality / Village: Police Station: West Ben State: Address for Communication:		Post Office: District: Religion:	DO Howrah Muslim	PIN:
Marital Status : LT AMAN Father's Name : SAHANARA Brought By :		Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
Doctor/UNIT : Whether Referred From : Provisional Diagnosis :	Dailysis.			Az_,
IPC Serial No. :	Diary No.:		Si	ignature of Admitting Officer Designation
Specify if it is a		Specify the p	lace of injury	Whether injury occurred
cause of accident/ Suicide/Homicide	How injury Occurred	Home	/Farm reet / Others	while at work Specify by Yes / No.
		Home	/Farm	while at work
		Home	/Farm	while at work
	Occurred	Home Factory / Str	/Farm reet / Others	while at work
Suicide/Homicide	Occurred	Home Factory / Str	/Farm reet / Others	while at work
(a) Outcome : Discharged/Left A	(To be filled in BLOCK I	ETTERS at the end of Hospital / Referred out / Death	/Farm reet / Others Stay)	while at work
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury	(To be filled in BLOCK I	ETTERS at the end of Hospital / Referred out / Death	/Farm reet / Others Stay)	while at work Specify by Yes / No.
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications	(To be filled in BLOCK I	ETTERS at the end of Hospital / Referred out / Death	/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications	(To be filled in BLOCK I	ETTERS at the end of Hospital / Referred out / Death	/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications (d) Principal Associated Diseases .	(To be filled in BLOCK I	Home Factory / Str	/Farm reet / Others	while at work Specify by Yes / No.