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

Uluberia S.D. Hospital Vill.+P.D.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Printed By:1

CHEMICAL STREET, STREE	BE.J	Sex:	Male Age:	Yrs. Months B
Patient Srl. No. : PA1903930	Admission Date: 08-	Jul-2019 Admission Time:	Proprietal interpretation by a section of the section of	tegory: PAYING/CABIN/GENE
Address	013] DIALYSIS UNIT	Bed No. :	[Free]	Patient Type : OPD/ER
Municipality / Village: Police Station: Uluberia West Ben Address for Communication:		Post Office:  Indian District: Religion:	DO Howrah Hindu	PIN:
magail Aldii	M BEJ 0085] DR. RAJAT KANTI GASWAMI	Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
Whether Referred From: Provisional Diagnosis:	<b>D</b> )		 Si	Sm ignature of Admitting Officer
IPC Serial No. :	Diery No.:			Designation Designation
Specify if it is a cause of accident/	How injury	Specify the pla		Whether injury occurred
Suicide/Homicide	Occurred	Factory / Stre		while at work Specify by Yes / No.
Suicide/Homicide	Occurred			
Suicide/Homicide	Occurred			
	(To be filled in BLOCK LE	Factory / Stre	et / Others	
a) Outcome : Discharged/Left Agai	(To be filled in BLOCK LE	Factory / Stre  ETTERS at the end of Hospital Sta	et / Others	Specify by Yes / No.
a) Outcome: Discharged/Left Agai b) Final Diagnosis or Injury	(To be filled in BLOCK LE	Factory / Stre  ETTERS at the end of Hospital Sta  / Referred out / Death	et / Others	Specify by Yes / No.
a) Outcome: Discharged/Left Agai b) Final Diagnosis or Injury	(To be filled in BLOCK LE	Factory / Stre  ETTERS at the end of Hospital Sta / Referred out / Death	et / Others	Specify by Yes / No.
<ul> <li>Outcome: Discharged/Left Again</li> <li>Final Diagnosis or Injury</li> <li>Principal Complications</li> </ul>	(To be filled in BLOCK LE	Factory / Stre  ETTERS at the end of Hospital Sta / Referred out / Death	et / Others	Specify by Yes / No.