

**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: IP

SARASWATI PRESS LIMITED
F1
08/18

Patient's Name : ASHA LALA Sex: Female Age: Yrs: Months: Day:

Patient Srl. No.: PA19039400 Admission Date: 08-Jul-2019 Admission Time: 17:35 Patient Category: PAYING/CABIN/GENERAL

Registration No.: Ward: RG19136051 Charge Coll. No.: Bed No.: Patient Type: OPD/ER

Address: [WRD0000013] DIALYSIS UNIT Post Office: [Free] PIN:

Municipality / Village: Post Office: JADUR BERIA

Police Station: BAHIR TAPA District: Howrah

State: Uluberia P. S. Nationality: Indian Religion: Hindu

Address for Communication: West Bengal

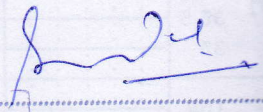
Marital Status: Married Patient's Occupation:

Father's Name: Brought By: GUNADHAR JANA Husband's Name: Phone / Mobile No.: DHANANJAY LALA

Doctor/UNIT: Whether Referred From: [DOC0000085] DR. RAJAT KANTI GASWAMI

Provisional Diagnosis:

D


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

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
Regn. No. :