

**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

Patient's Name : SOURN MAITY Sex : Male Age : Xrs. Months Days

Patient Srl. No. : PA19039397 Admission Date : 08-Jul-2019 Admission Time : 16:57 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19136048 Charge Coll. No. : \_\_\_\_\_  
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : \_\_\_\_\_

Municipality / Village : SIJBERIA Post Office : DO PIN : \_\_\_\_\_

Police Station : Uluberia P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : \_\_\_\_\_

Marital Status : Single Patient's Occupation : \_\_\_\_\_

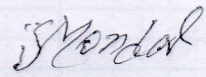
Father's Name : SUKUMAR MAITY Husband's Name : \_\_\_\_\_

Brought By : SADHANA HAZRA Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GOSWAMI

Whether Referred From : \_\_\_\_\_

Provisional Diagnosis : 

 08/7/19

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. :

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