

**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: [ ]

Patient's Name : PRATAP DHARA Sex : Male Age : Yrs. Months Day

Patient Srl. No. : PA19039441 Admission Date : 08-Jul-2019 Admission Time : 22:26 Patient Category : PAYING/CABIN/GENER

Registration No. : RG19136092 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

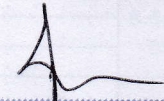
Municipality / Village : CHAKKASHI Post Office : DO PIN :  
Police Station : BAURIA P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :

Marital Status : Married Patient's Occupation :  
Father's Name : LT. KESHAB DHARA Husband's Name :  
Brought By : JHARNA DHARA Phone / Mobile No. : 0

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

Whether Referred From :  
Provisional Diagnosis : DFA



*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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