

**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 : JAYANTA KOYAL Sex : Male Age : 47 Yrs. 0 Months

Patient Srl. No. : PA19039923 Admission Date : 11-Jul-2019 Admission Time : 10:38 Patient Category : PAYING/CABIN/GENE

Registration No. : RG19138373 Charge Coll. No. : [WHD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Municipality / Village : NORTH JAGADISHPUR Post Office : PIN :
Police Station : Uluberia P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

Marital Status : Single Patient's Occupation :
Father's Name : LT ARABINDA KOYAL Husband's Name :
Brought By : MITALI KOYAL Phone / Mobile No. :

Doctor/UNIT : [DHC0000062] DR. MANABENDRA ROY
Whether Referred From :
Provisional Diagnosis :

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. :