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:IF

Registration No.: Post Office: Do PlN: How rah How injury Post Office: Do PlN: How injury Patient's Occupation: How injury Home/Farm How injury Home/Farm Whether injury occur while at work	NEXT CONTRACT CONTRAC	BABLU BAR		Sex:	Male Age:	Ýrs. Months Day
Rejistration No.: RG19138259 Charge Coll. No.: Bed No.: [Free] Patient Type: OPD/ER Nard : [ERbee8ee033] DIELYSIS UNIT Bed No.: [Free] Patient Type: OPD/ER Nard : Schamul Post Office : 30		PA19039911 Admission Date	nission Time:	Time: 10:0Patient Category: PAYING/CABIN/GENERA		
Address of Communication: Marital Status : Singla Pate P. S. Marital Status : Singla Pate P. S. Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Occupation : Husband's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Name 9 Phone / Mobile No.: Marital Status : Singla Patent's Name	egistration No. :			Bed No.:	[Free]	Patient Type : OPD/ER
Marital Status : LT PANU BAR	Address Municipality / Village: Police Station :	Amta P. S. West Bengal National	ity:	District :	Howrah	PIN:
Whether Referred From: Provisional Diagnosis: Provisional Diagnosis	Marital Status : Father's Name : Brought By :	Single LT PANU BAR SELF	Husbar Phone	nd's Name .	0	
Specify if it is a cause of accident/ Suicide/Homicide (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	Whether Referred From Provisional Diagnosis:		ry No.:		eccent	Signature of Admitting Officer
(a) Outcome: Discharged/Left Against Medical Advice / Absconded / Referred out / Death (b) Final Diagnosis or Injury	Specify if it	ident/		Hor	me/Farm	Whether injury occurred while at work Specify by Yes / No.
(a) Outcome: Discharged/Left Against Medical Advice / Absconded / Referred out / Death (b) Final Diagnosis or Injury	8.1				•	
(a) Outcome: Discharged/Left Against Medical Advice / Absconded / Referred out / Death (b) Final Diagnosis or Injury		or La	CIL-4 :- DI OCV LETTEDS	at the end of Hospi	tal Stav)	
(b) Final Diagnosis or Injury	(a) Outcome : Disch					
(d) Principal Associated Diseases					*************************	***************************************
Stay in Hospital (in days) to	(c) Principal Compl	ications	***************************************	838080889902233339900883338333838		***************************************
Stay in Hospital (in days)	(d) Principal Associa	ated Diseases			***************************************	
Stay in Hospital (in days)	10 m			Fi	om	to
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