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DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET

Uluberia S.D. Hospital  
Vill.+P.D.+P.S. - Uluberia , P.S. ,Dist.- Howrah

Printed By:IP

Patient's Name : SK. RAJESH ALI Sex : Male Age : 27 Yrs. 0 Months 0 Days

Patient Srl. No. : PA17030980 Admission Date : 11-Jul-2019 Admission Time : 14:18 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19138963 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Ward : Address : KALYANPUR Municipality / Village : Bagnan P. S. Post Office : DO Howrah PIN : Police Station : West Bengal Indian District : Muslim State : Nationality : Religion :

Address for Communication : Single Marital Status : SK. NOUSER ALI Patient's Occupation : Father's Name : NASINARA BEGUM Husband's Name : Brought By : [DDC0000062] DR. MANABENDRA ROY Phone / Mobile No. :

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :

*[Handwritten Signature]*

*[Handwritten Signature]*  
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. :