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:

Signature of the Doctor with Designation

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Patient's Name :			Sex:	Male Age:	Yrs. Months I
Patient Srl. No. :	PA19646624 Admissio	n Date:	Admission Time :	18:22 Patient Ca	tegory: PAYING/CABIN/GEN
Registration No. : Ward :	R619139007 C [WRD0000013] DIALY	harge Coll. No.: SIS UNIT	Bed No. :	[Free]	Patient Type : OPD/ER
Address	LATIBPUR			Transition of the second	radent Type . OT D/LR
Municipality / Village: Police Station:	Uluberia P. S. West Bengal		Post Office: Indian District:	DO Howrah Hindu	PIN:
State : Address for Communic	N.	ationality:	Religion :		
rudiess for communic	auon: Single				
Marital Status :	LT BANKIM BEJ		Patient's Occupation :		
Father's Name :	SHYAMALI		Husband's Name	A	
Brought By :			Phone / Mobile No. :	0	
	[DOC0000062] DR. 1	IANABENDRA ROY	THORIC / WODING NO		
Doctor/UNIT :					
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rovisional Diagnosis:	4	a Mada			
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occ-dalay					Designation
C Serial No. :		Diary No. :			
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cause of acci	dent/	How injury		e place of injury	
cause of acci Suicide/Hom		How injury Occurred	Hor	ne/Farm Street / Others	while at work Specify by Yes / No.
			Hor	me/Farm	while at work Specify by Yes / No.
	nicide	Occurred	Hoi Factory /	ne/Farm Street / Others	while at work
Suicide/Hom	aicide (To	Occurred be filled in BLOCK LE	Factory /	ne/Farm Street / Others	while at work Specify by Yes / No.
Suicide/Hom	icide (To	be filled in BLOCK LE	TTERS at the end of Hospital	ne/Farm Street / Others	Specify by Yes / No.
Suicide/Hom Outcome: Dischar Final Diagnosis or	(To ged/Left Against Medica	be filled in BLOCK LE	TTERS at the end of Hospital	ne/Farm Street / Others	while at work Specify by Yes / No.
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Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: