

**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:IP

Patient's Name : CHIRANJIT MAITY Sex : Male Age : 37 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19039912 Admission Date : 11-Jul-2019 Admission Time : 10:00 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19138263 Charge Coll. No. : _____
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : _____
Municipality / Village : DINGHAKHOLA Post Office : DO PIN : _____
Police Station : Shyampur P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :

Marital Status : Single Patient's Occupation : _____
Father's Name : LT ARJUN MAITY Husband's Name : _____
Brought By : SELF Phone / Mobile No. : _____

Doctor/UNIT : [DOC0000062] DR. MANABENDRA ROY

Whether Referred From :

Provisional Diagnosis :

Dia


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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