

**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: 10

Patient's Name : SAKILA BIBI Sex : Female Age : 50 Yrs. Months 0 Days 0

Patient Srl. No. : PA19039964 Admission Date : 11-Jul-2019 Admission Time : 13:11 Patient Category : PAYING/CABIN/GENERAL

Registration No. : _____ Ward : _____ Bed No. : _____ Patient Type : OPD/ER

Address : RG19130027 Charge Coll. No. : _____ Municipality / Village : [WRD0000013] DIALYSIS UNIT Post Office : [Free] PIN : _____

Police Station : _____ State : P. BAURIA Nationality : Indian District : _____ Religion : CHAKASHI
BAURIA P. S. West Bengal Howrah Muslim

Marital Status : _____ Patient's Occupation : _____
Father's Name : Married Husband's Name : _____
Brought By : KULSUM KHATUN Phone / Mobile No. : SK SIRAJ

Doctor/UNIT : _____ Whether Referred From : [DDC0000062] DR. MANABENDRA ROY
Provisional Diagnosis : _____

[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. : _____

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