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

Rd at 3.3

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

Printed By:

Patient's Name : SK YEARAB ALI Sex : Male Age : Yrs. Months Da

Patient Srl. No. : PA19040406 Admission Date : 13-Jul-2019 Admission Time : 15:25 Patient Category : PAYING/CABIN/GENERAL

Registration No. : Ward : RG19140841 Charge Coll. No. : [WRD0000001] I.M.M.W Address : Bed No. : [Free] Patient Type : OPD/ER

Municipality / Village : CHALITA PARA Post Office : District : AJADHYA PIN : State : West Bengal Nationality : Indian District : Howrah Religion : Muslim

Marital Status : Single Patient's Occupation : Father's Name : SK AISUDDIN ALI Husband's Name : Brought By : SK SADDAM HOSEN Phone / Mobile No. :

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

Co known
CRP
C Ventricle
C Resp. Distress

[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.
			SK Saddam

(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. :