

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

Uluberia S.D. Hospital

Patient's Name : Vill.+P.O.+P.S. - Uluberia , P.S., Dist.- Howrah Age : Yrs. M Printed By :

Patient Srl. No. : RABIN SAMANTA Admission Date : Admission Time : Male Patient Category : 56 YING/COBIN/GENE

PA19033249 11-Jun-2019 06:30

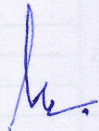
Registration No. : Ward : Bed No. : Patient Type : OPD/ER

Address : RG19113034 Charge Coll. No. : Post Office : [Free] PIN :
Municipality / Village : [WRD0000013] DIALYSIS UNIT

Police Station : State : SADATPUR Nationality : Indian Religion : MANASINGHAPUR
Address for Communication : Jagatballavpur P. S. Howrah
West Bengal Hindu

Marital Status : Patient's Occupation :
Father's Name : Married Husband's Name :
Brought By : L.T BHAGIRATH SAMANTA Phone / Mobile No. :
SIKHA SAMANTA

Doctor/UNIT :
Whether Referred From : [DOC0000062] DR. MANABENDRA ROY
Provisional Diagnosis : DIALYSIS


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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