

**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 : JAYANTA KAYAL

Sex : Male

Age : 47 Yrs Months

Patient Srl. No. : PA19036773

Admission Date : 26-Jun-2019

Admission Time : 05:47

Patient Category : PAYING/CABIN/GE

Registration No. : RG19125687 Charge Coll. No.:

Ward : [WRD0000013] DIALYSIS UNIT

Bed No. : [Free]

Patient Type : OPD/ER

Address :

Municipality / Village : NORTH JAGODISHPUR

Post Office : ULUBERIA

PIN :

Police Station : Uluberia P. S.

District : Howrah

State : West Bengal

Nationality : Indian

Religion : Hindu

Address for Communication :

Marital Status : Married

Patient's Occupation

Father's Name : LT ARABINDA KAYAL

Husband's Name

Brought By : JAYANTA KAYAL

Phone / Mobile No. 0

Doctor/UNIT : [DOC00000130] DR. MRINAL BAYADA

Whether Referred From:

Provision Diagnosis :

CKA

[Signature]
Signature of Admitting Office
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 / Abecedoned / 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 Office
Regn. No.

Signature of the Doctor with Designat
Regn. No.