

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

Patient's Name : _____ Sex : _____ Age : _____ Yrs. Months

Patient Srl. No. : _____ Admission Date : _____ Admission Time : _____ Patient Category : PAYING/CABIN/G

Registration No. _____ Uluberia S.D. Hospital
Ward : _____ Vill.+P.O.+P.S. - Uluberia , P.S. Dist. - Howrah Patient Type: OPD/ER
Address _____ Bed No. : _____ PIN : _____

Municipality / Village : ASHOK SINGHA ROY Post Office Male 64
Police Station : PA19036822 District 10:06
State : _____ Nationality 26-Jun-2019 Religion _____

Address for Communication : _____
Marital Status : RG19126002 Charge Coll. No.: _____ Patient's Occupation
Father's Name : [WRD0000013] DIALYSIS UNIT Husband's Name [Free]
Brought By : _____ Phone / Mobile No. _____

Doctor/UNIT : Uluberia P. S. DD
Whether Referred From : West Bengal Indian Howrah
Provision Diagnosis : _____ Hindu

IPC Serial No. _____ Single
LT BANAMALI SINGHA ROY
SOUVIK
Diary No. : Dialysis
Signature of Admitting Officer _____
Designation _____

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
[DDC0000011] Dr. ALOKE KR. MUKUTI			

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Abandoned / 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 Designation Regn. No. _____