

**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 Sex : Female Age : Yrs. Months Printed By: IP

Patient Srl. No. : SAKILA BIBI Admission Date : 26-Jun-2019 Admission Time : 11:57 Patient Category : PAYING/CABIN/

Registration No. : PA19036846 Ward : Bed No. : Patient Type : OPD/ER

Address : RG19126319 Charge Coll. No.: Municipality / Village : [URD00000013] DIALYSIS UNIT Post Office : [Free] PIN :

Police Station : State : W BAURIA Nationality : Religion : CHACKASHI Howrah Muslim

Address for Communication : West Bengal Indian Patient's Occupation : Husband's Name : Phone / Mobile No. : Brought By : Married

Marital Status : Doctor/UNIT : KULSUM Whether Referred From : Provision Diagnosis : [DOC0000011] Dr. ALOKE KR. MUKUTI

SK SIRAJ

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 / Abeconded / 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.