

**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: IPD

Patient's Name : SK RASID Sex : Male Age : 50 Yrs. Months

Patient Srl. No. : PA19036860 Admission Date : 26-Jun-2019 Admission Time : 13:00 Patient Category : PAYING/CABIN/G

Registration No. : RG19126531 Charge Coll. No. : Bed No. : Patient Type : OPD/ER
Ward : [WRD0000013] DIALYSIS UNIT [Free]

Address : Municipality / Village : SINGAH MARA Post Office : DELTAMIN PIN :
Police Station : Sankrail P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Muslim
Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : LT SULEMAN SK Husband's Name :
Brought By : EJAJ SK Phone / Mobile No. :

Doctor/UNIT : [DDC0000011] Dr. ALOKE KR. MUKUTI
Whether Referred From :
Provision Diagnosis :

Dialysis

[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 occurs 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.