

**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 : MUKARI MANNA Sex : Male Age : 48 Yrs. 0 Months 0

Patient Srl. No. : PA19036865 Admission Date : 26-Jun-2019 Admission Time : 13:41 Patient Category : PAYING/CABIN/...

Registration No. : RG19126618 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : KANTAPUKUR Municipality / Village : KANTAPUKUR Post Office : DO PIN :
Police Station : Bagnan P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :
Marital Status : Single Patient's Occupation :
Father's Name : LT GOUR CH MANNA Husband's Name :
Brought By : SWAPNA Phone / Mobile No. :

Doctor/UNIT : [DDC0000011] Dr. ALOKE KR. NUKUTI

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.