

**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/IG

Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Registration No. _____ Bed No. : _____ Male _____ Patient Type : QPDER _____

Ward : HIMANSHU PANDIT

Address _____

Municipality / Village : 9036784 _____ 26-Jun-2019 _____ Post Office 06:54 _____ PIN : _____

Police Station : _____ District _____

State : _____ Nationality _____ Religion _____

Address for Communication : _____ Charge Coll. No. : _____ [Free]

Marital Status : _____ Patient's Occupation _____

Father's Name : KAMALACHAK _____ Husband's Name KANTABERIA _____

Brought By : Uluberia P. S. _____ Phone / Mobile No. _____ Howrah _____

West Bengal _____ Indian _____ Hindu _____

Doctor/UNIT _____

Whether Referred From _____

Provision Diagnosis Single _____

SAMAR PANDIT _____

PARBATI PANDIT _____

Signature of Admitting Officer _____
Designation _____

IPC Serial No. [DOC0000130] DR. MRINAL BAYADA _____ 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
	<i>Dr. Mrinal Bayada</i>		

(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 Des _____
Regn. No. _____