

**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 : AKLIMA BEGAM Sex : Female Age : 47 Yrs. Months : 0

5 Patient Srl. No. : PA19036889 Admission Date : 26-Jun-2019 Admission Time : 15:39 Patient Category : PAYING/CABIN/G

Registration No. : _____ Bed No. : _____ Patient Type : OPD/ER

Ward : _____ Charge Coll. No. : _____

Address : _____ Municipality / Village : [RD0000013] DIALYSIS UNIT Post Office [Free] : _____ PIN : _____

Police Station : _____ District : _____

State : BANITALA Nationality : Indian Religion : DO

Address for Communication : Uluberia P. S. West Bengal Muslim

Marital Status : _____ Patient's Occupation : _____

Father's Name : _____ Husband's Name : _____

Brought By : Married Phone / Mobile No. : SK JAMIN ALI

Doctor/UNIT : SK ANSAR ALI

Whether Referred From : _____

Provision Diagnosis [DOC0000011] Dr. ALOKE KR. MUKUTI

Dialysis

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 occur 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 De
Regn. No.

F-1
09/18