

9552607

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: I

Patient's Name : CHIRANJIT MAITY Sex : Male Age : 23 Yrs Months

Patient Srl. No. : PA19036921 Admission Date : 26-Jun-2019 Admission Time : 18:41 Patient Category : PAYING/CABIN/G

Registration No. : RG19126686 Charge Coll. No. :
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER
Address :

Municipality / Village : DINGAKOLA Post Office : DD PIN :
Police Station : Shyampur P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu
Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : ARJUN MAITY Husband's Name :
Brought By : SUBRATA POILA Phone / Mobile No. :

Doctor/UNIT : [DOC0000011] Dr. ALOKE KR. MUKUTI

Whether Referred From :

Provision Diagnosis :

Admitted for dialysis

asamg
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 |
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(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Abandoned / 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.