

2782607

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 : Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia, P.S., Dist.- Howrah Admission Time : Patient Category : PAYING/CABIN/

Registration No. RABIN SENTRA Sex Male Age 35 0 0
Ward : PA19036949 Admission Date 26-Jun-2019 Bed No. : 21:52 Patient Type : OPD/ER

Municipality / Village : Post Office : PIN :
Police Station : RG19126714 Charge Coll. No. :
State : [WRD0000013] DIALYSIS UNIT Nationality : District : Religion : [Free]

Address for Communication :
Marital Status : MAGURKHALI Patient's Occupation : BASUDEVPUR
Father's Name : Uluberia P. S. Husband's Name : Howrah
Brought By : West Bengal Indian Phone / Mobile No. : Hindu

Doctor/UNIT :
Whether Referred From : Single
Provision Diagnosis : Lt. BHARAT SENTRA
SUKUMAR PATRA

[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 occurred 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 / 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 De.
Regn. No.

09/18