DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Patient's Name : SOUMEN MAITY | Sex : Male | Age : Yrs. 36 Months 0 Day 0

Patient Srl. No. : | Admission Date : Vill.+P.O.+P.S. - Uluberia, Dist.- Howrah | Admission Time : Uluberia S.D. Hospital | Patient Category : PAYING/CABIN/GENERA

Registration No. : PA19037024 | 27-Jun-2019 | Bed No. : 10:16 | Patient Type : OPD/ER

Ward :

Address | Post Office : | PIN :

Municipality / Village : ULUBERIA

Police Station : Uluberia P. S. | Charge Coll. No.: RG19126913 | District : Howrah

State : West Bengal | Nationality : [WRD0000013] DIA | Religion : Hindu

Address for Communication :

Marital Status : Single | Patient's Occupation : DO

Father's Name : SUKUMAR MAITY | Husband's Name :

Brought By : ASHA MAITY | Phone / Mobile No. : [Free]

Doctor/UNIT : [DOC0000062] DR. MANABENDRA ROY

Whether Referred From :

Provisional Diagnosis : Dialysis

0

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 / Absconded / 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 Officer
Regn. No. :

Signature of the Doctor with Desig
Regn. No. :