

**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:IP

Patient's Name : SANJOY ADHIKARY Sex : Male Age : 38 Yrs. 0 Months 0 Days

Patient Srl. No. : PH19037039 Admission Date : 27-Jun-2019 Admission Time : 11:12 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19127043 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT  
Ward : \_\_\_\_\_ Bed No. : [Free] Patient Type : OPD/ER

Address : TENTULBERIA Post Office : JALABISWANATHPUR  
Municipality / Village : Panchla P. S. District : Howrah PIN : \_\_\_\_\_  
Police Station : West Bengal Indian Religion : Hindu  
State : \_\_\_\_\_ Nationality : Indian

Address for Communication : \_\_\_\_\_  
Marital Status : Single Patient's Occupation : \_\_\_\_\_  
Father's Name : LY RATAN CH ADHIKARY Husband's Name : \_\_\_\_\_  
Brought By : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_  
[DOC0000062] DR. MANABENDRA ROY

Doctor/UNIT : \_\_\_\_\_  
Whether Referred From : \_\_\_\_\_  
Provisional Diagnosis : Dialysis  
Signature of Admitting Officer : [Signature]  
Designation : 29/08/19

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 Designation  
Regn. No. : \_\_\_\_\_

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